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To: Division of Corporations Fax Number : (850)617-6383	
From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC Account Number : I20020000094 Phone : (770)777-2091 Fax Number : (770)220-1943 P	
**Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.** Email Address:	re
* Please file, after the Amendment	*
FLORIDA LIMITED LIABILITY CO.	
FLORIDA LIMITED LIABILITY CO. Greenwise Bankcard, LLC Certificate of Status Certified Copy Page Count Estimated Charge MAY -	
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•		** COV	ER LETTER	· · ·	
-		tion Section of Corporations	,		
	SUBJECT: GF	REENWISE BANKO Name of Lim	CARD, LLC		
	The enclosed Arti	cles of Organization and fee(s) ar	e submitted for filing.		
	Please return all c	orrespondence concerning this ma	atter to the following:		
	Sharo	n K. Gray			
			Name of Person		
	Triad	Professional Servic		·	
			Firm/Company		
	1720	Windward Concours	Address		
			-144(C33		
	Alphare	etta, GA 30005	tity/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	jbaden@	Dtriadpros.com	I for future annual report notification)		
	For further inform	ation concerning this matter, plea			
	Sharon K, G	rav			
		Name of Person	at ( <u>770</u> ) 777-2091 Area Code & Daytime Tel	ephone Number	
	Enclosed is a cho	ck for the following amount:			
	125.00 Filing Fe		S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	IS	

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## ARTICLES OF ORGANIZATION OF GREENWISE BANKCARD, LLC

ARTICLE I: - Name The name of the Limited Liability Company is GREENWISE BANKCARD, LLC.

## ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

## 4400 West Sample Road Suite 246 Cocoaut Creek, Florida 33073

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are:

> NRAI Services, Inc. 515 East Park Avenue Tallabassee, FL 32301

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

NRAI S rvices. Inc. B٢ Name: Title: Seco 155 ەلى  $\pi$ tari

## ARTICLE IV: - Management

It he Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager - managed company.

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SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE V: - Manager(s) or Managing Member(s) The name and address of each Manager is as follows:

MGR

Robert DiMattina 4400 West Sample Road, Suite 246 Coconut Creek, FL 33073

MGR

Randy McCoy 4400 North Point Parkway, Suite 260 Alpharetta, GA 30022

MGR

Daniel Nenadovic 525 Okeechobee Boulevard, Suite 1050 West Palm Beach, FL 33401

Randy McCoy, authorized representative of a Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

> Randy McCov Typed or printed name of signor

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STREET ADDREES: 107 Ban Gaines Some, 3x426 696 - 7960NB (250) 41 3x8200 - FAX (250) 419-9342 MAILING ADDREES: Division of Physical Instruction, 300 Rat. Caines Some, Talkingwa, PL 32399-0373 Viel us on the web. <u>WWY, PLOPLODA</u> - Yef Prot. (800) 445-3772

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ÓR03A OFFICE OF REGULATION

J THOMAS CARDWELL

May 3, 2011

Mr. Chris Anderson 4400 North Point Parkway Alpharetta, GA 30022

Re: Orcenwise Bankcard, LLC

Dear Mr. Anderson:

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Office that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act it any licensed capacity until all licensing requirements have been met within this state.

Sincercly,

Linda B. Charity Director

LBC:bk

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations, Department of State

> ATTORNEY ATTORNEY CONNER AL.

RICK SCOTT COVERIOR	

FRANCIAL AREVICES COMPOSITION

JNT ATWATER CHIEF FINANCIAL ADAM PUTNAM COMMUSSIONER OF ACTIVITY

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