REPLY TO:

R. BRUCK ANDERSON TABHA O. BUFOND DAVID L. COOK" DAVID B. ERWIN C. LAURENCE KEESEY ANDREW I. SOLIB KENZA VAN ABBENDERP GEORGE L. VANHADOE ROY C. YOUNG

Tallahammee

GALLIE'S HALL 225 SOUTH ADAMS STREET, SUITE 200 POST OFFICE BOX 1833 TALLAHABBEE, FLORIDA 32302-1833 TELEPHONE (904) 222-7206 TELECOPIER (904) 561-6834

SUNTRUST BUILDING BOI LAUREL OAK DRIVE, SUITE 300 POST OFFICE BOX 7907 NAPLES. FLORIDA 34101-7807 TELEPHONE (941) 597-2814 TELECOPIER (941) 597-1060

BOARD CERTIFIED REAL ESTATE LAWTER

WILLIAM J. ROBERTS OF COUNSEL

TO:

L. Jretary of State

FROM:

AS 500 Andy Solis

DATE:

December 27, 1996

SUBJECT:

Customer Service of F.N.B. Company, L.L.C.

-01/06/97-03019-005 \*\*\*\*346.25

Attached find check in the amount of \$346.25 representing filing fees, Registered Agent Designation, Certified Copy and Certificate of Status for Customer Service of F.N.B. Company, L.L.C.

Please call Sunda (222-7206) when ready. She will need to fedex these out today.

Thank you.

/swp Enclosures

96 DEC 27 AN II: 15 S RECEIVED

SPOKE TO SUNDA. ATTORNEYS TITLE RESERVED THE NAME FOR THE LAW FIRM 12/27/96

# TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: CUSTOMER SERVICE OF F.N.B. COMPANY, L.L.C.  (Proposed limited liability company name - must include suffix)				
Enclosed is an original	and one (1) copy of the article	s of organization and a ch	eck for:	
□ \$285.00  Filing Fee & Registered Agent designation	☐ \$293.75 Filing Fee, Registered Agent Designation & Certificate	☐ \$337.50 Filing fee, Registered Agent Designation & Certified Copy	Filing Fee, Registered Agent Designation, Certified Copy & Certificate	
	ewis S. Albert, Chief Financial Name (Printed or typed) 40 Goodlette Road N., Suite 20 Address	· · · · · · · · · · · · · · · · · · ·	<del>-</del>	
	aples, Florida 34102 City, State & Zip 41) 262-7600			
	Daytime Telephone number  : Please provide the original	and one conv of the orti	<b>Cles</b>	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - NAME:** 

The name of the Limited Liability Company is:

CUSTOMER SERVICE OF F.N.B. COMPANY, L.L.C.

96 DEC 27 MI 2: 28
COUNTY OF STATE
THE MINISTER FLORIDA

### **ARTICLE II - ADDRESS:**

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

840 Goodlette Road N., Suite 201 Naples, Florida 34102

## **ARTICLE III - DURATION:**

The period of duration for the Limited Liability Company shall be:

Perpetual

# ARTICLE IV - MANAGEMENT: (check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Gary L. Tice

840 Goodlette Road N.

Naples, Florida 34102

Stephen J. Gurgovits

First National Bank of Pennsylvania

Hermitage Square Hermitage, PA 16148

Thomas M. Tuggle

First National Bank of Pennsylvania

Hermitage Square Hermitage, PA 16148

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

# **AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

The undersigned member or authorized representative of a member of \_CUSTOMER SERVICE OF F.N.B. COMPANY, L.L.C., deposes and says: 1) the above named limited liability company has at least two members 2) the total amount of cash contributed by the member(s) is 867,000.00 3) if any, the agreed value of property other than cash contributed by member(s) is **\$\_1,303,000,00** A description of the property is attached and made a part hereto as Exhibit A. 4) the amount of cash or property anticipated to be contributed by member(s) is \$\_1,967,000.00 5) the total amount of 2, 3, and 4 is

Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

# EXHIBIT "A"

Data processing hardware and software.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is:	
	CUSTOMER SERVICE OF F.N.B. COMPANY, L.L.C.	
2.	The name and address of the registered agent and office is:	
	Lewis S. Albert, Chief Financial Officer (Name)	·
	840 Goodlette Road N., Suite 201	
	(P.O. Box or Mail Drop Box Not Acceptable	)
	Naples, Florida 34102 (City/State/Zip)	
liabilii agent relatin	g been named as registered agent and to accept service of process for the ty company at the place designated in this certificate, I hereby accept the appo and agree to act in this capacity. I further agree to comply with the prov ig to the proper and complete performance of my duties, and I am familiar tions of my position as registered agent.	intment as registered visions of all statutes
Signal	ture) Levis S. Albert, Chief Financial Officer (Date)	196
_	Filing Fee: \$35 for Designation of Registered Agent	96 DEC SECRETA
		ILED 27 Pil 37 OF SI XEEL, FL



March 5, 1997

400002106164--9 -03/06/97--01080--001 \*\*\*\*\*52.50 \*\*\*\*\*52.50

**VIA OVERNIGHT MAIL** 

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Customer Service Center of F.N.B. Co., L.L.C.

Dear Sir or Madam:

Enclosed is an original Certificate of Amendment to Articles of Organization of Customer Service Center of F.N.B. Co., L.L.C., along with a check in the amount of \$52.50 payable to your office for the same. Please date/time stamp the enclosed copy of this document and return it to our office in the enclosed envelope.

If you have any questions, please call my office at (941) 435-762 প্রাণ্ড you for your assistance in this matter.

Very truly yours,

Todd H. Katz General Counsel

THK/dma

**Enclosures** 

fnb/emend.ttr

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### CERTIFICATE OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

97 MAR -6 PH 1: 24
SECRETARY OF STATE

CUSTOMER SERVICE CENTER OF F.N.B. COMPA

(Present Name)

(A Florida Limited Liability Company)

FIRST: The date of filing of the articles of organization was December 27, 1996.

**SECOND**: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

### ARTICLE I - NAME:

The name of the Limited Liability Company is:

CUSTOMER SERVICE CENTER OF F.N.B., L.L.C.

### **ARTICLE IV - MANAGEMENT:**

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is are:

Gary L. Tice

840 Goodlette Road N. Naples, Florida 34102

Dated: February 28, 1997.

Signature of a member or authorized representative of a member

Lewis S. Albert, Chief Financial Officer

Typed or printed name of person signing