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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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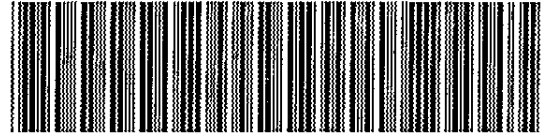
(Business Entity Name)

(Document Number)

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03 SEP 19 AM 8:51
TALLAHASSEE, FL 32301

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ITC FINANCIAL SERVICES, LLC
(Name of Limited Liability Company)

The enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Existence, and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIMOTHY B. KNIGHT
(Name of Person)

ITC FINANCIAL SERVICES, LLC
(Firm/Company)

P.O. BOX 510
(Address)

WEST POINT, GA 31833
(City/State and Zip Code)

For further information concerning this matter, please call:

KENNETH M. MILES, CPA at (706) 402-5840
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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03 SEP 18 AM 8:51
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER
A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. ITC FINANCIAL SERVICES, LLC
(Name of foreign limited liability company)

2. DELAWARE 3. 26-0068645
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07/08/2003 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 10/1/2003
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.133, F.S.))

7. 1241 O.G. SKINNER DRIVE
WEST POINT GA 31833
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The names and usual business addresses of the managing members or managers are as follows:


TIMOTHY B. KNIGHT 1241 O.G. SKINNER DR. WEST POINT, GA 31833

WILLIAM H. SCOTT, III 1241 O.G. SKINNER DR. WEST POINT, GA 31833

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

PREPAID/STORED VALUE CARDS SALES AND SERVICE


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

TIMOTHY B. KNIGHT
Typed or printed name of signee

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
ITC FINANCIAL SERVICES, LLC

2. The name and the Florida street address of the registered agent and office are:

CT CORPORATION SYSTEM

(Name)

1200 SOUTH PINE ISLAND ROAD

Florida street address (P.O. Box **NOT** ACCEPTABLE)

PLANTATION

FL 33324

City/State/Zip

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TALLAHASSEE, FL

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.

Dale W. Morris

(Signature)

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

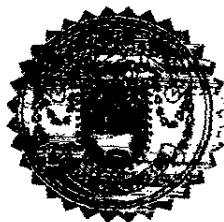
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ITC FINANCIAL SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF SEPTEMBER, A.D. 2003.



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030567111

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2624161

DATE: 09-09-03