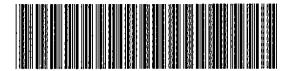
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(Requ	uestor's Name)	
(Address)		
(Address)		
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
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DATE:

09-06-2011

NAME:

INSIGHT CARD SERVICES, LLC

TYPE OF FILING: APPLICATION BY FOREIGN LLC TO TRANSACT

**BUSINESS IN FLORIDA** 

COST:

\$125

**RETURN:** 

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

abbie Hodge

#### **COVER LETTER**

TO: Re

Registration Section Division of Corporations

SUBJECT: Insight Card Services, LLC

Enclosed is a check for the following amount:

S130.00 Filing Fee & Certificate of Status

\$125.00 Filing Fce

Nai	me of Limited Liability Company
The enclosed "Application by Foreign Limited Liab Existence, and check are submitted to register the a	bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this ma	atter to the following:
Karen L. Lane, Paralega	
	Name of Person
Stinson Morrison Hecker	LLP
	Firm/Company
1201 Walnut Street, Sui	ite 2900
	Address
Kansas City, Missouri 64	· · · · · · · · · · · · · · · · · · ·
	City/State and Zip Code
dpiccolo@insightcard	s.com
E-mail address: (	to be used for future annual report notification)
For further information concerning this matter, plea	ase call:
Diane Piccolo	at (205 ) 745-2151
Name of Person	Area Code & Daylime Telephone Number
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
Registration Section P.O. Box 6327	Registration Section Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

\$155.00 Filing Fec & Certified Copy

\$160.00 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608-503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST	IATE OF FLORIDA:
1. Insight Card Services, LLC	W. C. J. L. C.
(Name of Foreign Limited Liability Company; must include	E "Limited Liability Company," "L.E.C.," or "LLC.")
(If name unavailable, enter atternate name adopted for the purpose	of transacting business in Florida and attach a conv of the written
consent of the managers or managing members adopting the alternation company," "L.L.C," "LLC.")	ate name. The alternate name must include "Limited Liability
	26-4149011
2. Alabama (Jurisdiction under the law of which foreign limited liability company is organized)  3.	(FEI number, if applicable)
4 February 4, 2009 5	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification	
(Date first transacted business in Florid (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
7. 600 Beacon Parkway West, Suite 901, Bird	mingham, Alabama 35209
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed co	ompany, check here 🗸
9. The name and usual business addresses of the manag	ring members or managers are as follows:
Bill Smith, 600 Beacon Parkway West, Suite 9	901, Birmingham, AL 35209
10. Attached is an original certificate of existence, no more than 90 day	•
the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under eath of the translator gust be submit	
	•
11. Nature of business or purposes to be conducted or p	promoted in Florida: Management
of prepaid card programs	
19	
Signature of a member or an auth-	orized representative of a member.
(In accordance with section 608.408(3), F.S., the execution	•
	I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)
Bill Smith	

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 Comp	pany is:	
Insight Card Services, LLC	·	
If unavailable, the alternate to be used in th	ne state of Florida is:	
2. The name and the Florida street address	of the registered agent and office are:	
NRAI Services, Inc.		
	(Name)	•
515 East Park Avenu	ie	
Florida Street Add	dress (P.O. Box NOT ACCEPTABLE)	•
Tallahassee	<sub>FL</sub> 32301	
	City/State/Zip	
Having been named as registered agent and liability company at the place designated in a agent and agree to act in this capacity. I furrelating to the proper and complete performs obligations of my position as registered agent	this certificate, I hereby accept the appointn ther agree to comply with the provisions of a ance of my duties, and I am familiar with an at as provided for in Chapter 608, Florida St Brenda L. White Assistant Secretary	nent as registered all statutes d accept the
(Sign	nature)	
\$ 100.00		
\$ 25.00 \$ 30.00		
\$ 5.00		

Beth Chapman Secretary of State

P. O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Insight Card Services, LLC was formed in Jefferson County, Alabama on February 4, 2009. The Alabama Entity Identification number for this entity is 430-311. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20110902000003655

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

9/2/2011

Date

Beth Chapman

Beth Chapman

Secretary of State