POODO 0013412

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

SUBJECT: U.S. Credit Card Processing Corp.
(Proposed corporate name - must include suffix)
-02/03/00--01068--005
*****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

- □ \$70.00
- □ \$78.75
- Filing Fee
- Filing Fee
- & Certificate of Status
- **\$78.75**
- **⊠** \$87.50
- Filing Fee
- Filing Fee,
- & Certified Copy
- Certified Copy
- & Certificate of
- Status

ADDITIONAL COPY REQUIRED

FROM: Mercedes Fernandez
Name (Printed or typed)

6881 Sw 94 Ave

Address

MIami, Fla. 33173

City, State & Zip

305 598 1400

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

产等 \$ 1999

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: U.S. Credit Card Processing Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 6881 SW 94 Ave
Miami, Fla. 33173

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Mercedes Fernandez 6881 SW 94 Ave Miami, Fla. 33173

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Mercedes Fernandez 6881 SW 94 Ave Miami, Fla. 33173

Signature/Incorporator

1/5c/00

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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

Signature/Registered Agent

1/3/00

Date