

200000035892

TRANSMITTAL LETTER

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

FILED  
00 APR -5 PM 5:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: ALLCARD, INC.  
(Proposed corporate name - must include suffix)

200003196792--8  
-04/05/00--01065--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: THOMAS D. BENNETT  
Name (Printed or typed)

P.O. Box 41366  
Address

JACKSONVILLE, FL. 32203-1366  
City, State & Zip

904 762-2000  
Daytime Telephone number

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

RECEIVED APR - 7 2000

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Atlecard, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 41366  
Jacksonville, FL 32203-1366

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All legal business pursuits.

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Thomas D. Bennett - President/Secretary-Treasurer  
2501 RIVERSIDE AVE. APT. 3 JACKSONVILLE, FL. 32204

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Thomas D. Bennett  
2501 RIVERSIDE AVE. APT. 3 JACKSONVILLE, FL. 32204

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Thomas D. Bennett  
2501 RIVERSIDE AVE. APT. 3 JACKSONVILLE, FL. 32204

\*\*\*\*\*  
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.

x T. Dewayne Bennett  
Signature/Registered Agent

03-31-00

Date

x T. Dewayne Bennett  
Signature/Incorporator

03-31-00

Date

FILED  
00 APR -5 PM 5:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA