# POODOB80903

Date Ougust 17, 200

Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 (name of corporation) 100003 Gentlemen: Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50. This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation. Very truly yours, (name of corporation) MAILING ADDRESS OF CORPORATION

Ext.

## ARTICLES OF INCORPORATION

DOTT	of	-	
(name o	f corporation)		
The undersigned subscriber(s) to these Articles of Incorporation under the laws of the State of Florida.	- '	s) competent to contr	
ARTICLE I - C	CORPORATE NAME		TEGE DO A
The name of the corporation is:	The.		00 AUG 21
		•	ASSEE, O
	II - DURATION	low	<u> </u>
This corporation shall exist perpetually unless dissolve		iaw.	AM 7: 35 COF STATE EE, FLORIDA
	III - PURPOSE	·	
The corporation is organized for the purpose of engagin United States and the State of Florida.	g in any activities or bu	siness permitted und	er the laws of the
	- CAPITAL STOCK	أ م	1.
The corporation is authorized to issue five hunc	drec shares (5	00 ) of <u>570</u>	ock
Dollar(s) (\$ 1,00each) par value Commo	n Stock, which shall b	e designated "Comn	ion Shares."
ARTICLE V - INITIAL REC			
The street address of the Initial Registered Agent office	and the name of the Ir	itial Registered Age	nt at that office is:
VAME Debra L. Gusst			
ADDRESS 2930 2nd Pl. 5.W.	, *		
om Vero Beach	FLORIDA	FI	zip <i>3</i> 2968
The principal office, if known, or the mailing adress	of the corporation is:		
NAME Cardsmart			
ADDRESS 1357 A. N.W. 5t.	Lucie libe	st Blud.	
erry Pt. St. Lucie	FLORIDA	F1.	ZIP 34986
ARTICLE VI - INITIA		CTORS	
This corporation shall have( increased or diminished from time to time by the By- addresses of the initial director(s) of the corporation	) directors initially. Laws, but shall never l	The number of direct	ctors may be either . The names and
NAME James R. Guist			S. Mar
ADDRESS 2930 200 Pl. 5.W.			
ony Vero Beach	STATE +/	·	zir32968
NAME		ar e e e e e	. 2-
ADDRESS			-
CITY	STATE	i e i e i e i e i e i e i e i e i e i e	ZIP
NAME	· · · · · · · · · · · · · · · · · · ·		
ADDRESS			يا د
CITY	STATE		ZIP

## ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME Debra L. GUIST		
ADDRESS 2930 2nd P1. 5.W.		
om Vero Beach	state 1-7.	zir:32968
IAME		
DDRESS		·, · · ·
шү	STATE	ZIP
IAME		
DDRESS		· 12
CITY	STATE	ZIP
340		
ORIDA SHORT-FORM INDIVIDUAL ACKN	OWLEDGMENT	FS 695.
		s acknowledged before
State of Florida	The foregoing instrument wa	acknowledged before
County of Indian River	me this day of	Month Year
	by DeDro L US Name of Person	n Acknowledging
	who is personally known to m	e or who has produced
	FL DR LIC. Type of Identifica	ation
	as identification.	
	Kinderlyd War Signature of Ndrary Public	LL Sou Retary Public
Kimberly A. Walker-Berner MY COMMISSION # CC893125 EXPIRES	Name of Notary Typed, Prin	nted or Stamped
December 6, 2003  BONDED THRU TROY FAIN INSURANCE, INC.	Commission No. <u>CC893</u>	3125
	- OPTIONAL	RIGHT THUMBPRINT OF SIGNER
Though the information in this section is not required by document and could prevent fraudulent removal an	raw, it may prove valuable to persons relying d reattachment of this form to another docume	011 210
Description of Attached Document		
Title or Type of Document:	e + tex. Ch Registere	d Agent
Document Date:	Number of Pages:	3
Signer(s) Other Than Named Above:	N/A.	
Signer(s) Other Than Named Above:	N/A.	

## CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

### CERTIFICATE OF REGISTERED AGENT

OF

D &	J	J		工	V(	7.
		(nan	ie o	f corp	oratio	m)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at <u>2930 2</u>	ndpj.50	'U	
Vero Be	ach, Fl.	32968	,
has named	`	, ,	

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

#### ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

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Della L. Sust.