

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

3940 W. FLAGLER ST. 2nd FLOOR

(Address)

MIAMI, FLORIDA 33134 (305)444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Americ Bankcard system, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-12/01/00--01031--010

*****78.75 *****78.75

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 1, 2000

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: AMERIC BANKCARD SYSTEM, INC.
Ref. Number: W00000028389

We have received your document for AMERIC BANKCARD SYSTEM, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the terms BANK, BANKER, BANC, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION must be obtained from the Division of Banking and Finance, pursuant to section 655.922(2a), Florida Statutes. The address is:

Division of Banking
Director's Office
101 E. Gaines St.
Fletcher Bldg., 6th Floor.
Tallahassee, FL 32399-0350
(850) 410-9111.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Tracy Smith
Document Specialist

Letter Number: 100A00061038

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
DEC 8 2000
10:00 AM
OFFICE OF THE SECRETARY OF STATE

ARTICLES OF INCORPORATION
FOR

FILED
00 DEC -8 11:11:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

American Card System, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*2140 W. Flagler St Suite 205
Miami Florida 33135*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

100

ARTICLE IV REGISTERED AGENT


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

*David Ramirez
2140 W. Flagler St Suite 205
Miami Florida 33135*

ARTICLE V INCORPORATOR

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation are:

*David Ramirez - Claudia J. Soza
2140 W. Flagler St Suite 205
Miami FL 33135*


Signature of Incorporator

11-30-2000
Date

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the director(s)/officer(s) to these Articles of Incorporation are:

~~David Ramirez~~ (P)
Claudia J. Soza (VP)
2140 W. Flagler St. Suite 205
Miami FL 33135

Having been named as registered and to accept service of process for the above started 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 of Registered Agent

11-30-2000
Date

FILED
00 DEC -8 AM 11:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA