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

FILED

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SECRETARY OF STATE
ALLAHASSEE STATE

SUBJECT://	lerchants (radit (Proposed corpo		1
Englosed is an arisin	of and an of the first first factors		-06/01/0T- *****87.5
Diciosed is an origin	nal and one(1) copy of the article	es of incorporation and a	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 CO	
FROM	: Rory Litt	Te Squire	
	43 Semin	nle Stroet	-
	Stuart F	CL 34994 State & Zip	
	58 (- 22 (- Daytime Te	9063 Lephone number	nė .

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

ARTICL	ES OF	INCORF	ORA	TION

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

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ALLAN MAY	PM 1:38
· MSSE	PM 1:38 COF STATE E. FLORIDA

ARTICLE I NAME		
The name of the corporation shall be:	*	
Merchant's Credit Card	Setucies	Tac

TRINCIPAL OFFICE	ARTICLE II	PRINCIPAL	OFFICE
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The principal place of business and mailing address of this corporation shall be:

4694 S.E. Compass Way Stuart FL 34997

ARTICLE III SHARES

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

500

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

T. Douglass Rollings 4694 s.E. Compass Way, Stuart, FL 34997

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: 4694 S.E. Compass Way, Stuart, FL 34997

TORIL	 <u> </u>	5/30/01
Signature/Incorporator		Date

(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

0111	5/30/01
Signature/Registered Agent	Date