

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000109588 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number : 119990000017 Phone : (305)485-9300 Fax Number : (305)485-1098 SECRETARY OF STATE DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

TRI-COUNTY MOBILE CHECKING, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

HO1000109588 3 ARTICLES OF INCORPORATION

OF

TRI-COUNTY MOBILE CHECKING, CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

TRI-COUNTY MOBILE CHECKING, CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

 To have perpetual succession by its corporate

name:

TRI-COUNTY MOBILE CHECKING, CORP.

YOHIMA DEL CORRAL 4080 SW 84 AV MIAMI, FL. 33155 305-4859300 H010001095883

SECRETARY OF STATE ON STATE OF CORPORATIONS

H010001095883

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$ 10.00 Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

JOANNE MARIE ATTANASIO 103 NW 51 AVENUE MIAMI, FL 33126

The principal office shall be:

103 NW 51 AVENUE MIAMI, FL 33126 HO10001095883

HO1000.09588 3

The initial Board of Directors shall consist of a total of ONE (1) person, and the name and address of the person who are to serve as initial directors are:

JOANNE MARIE ATTANASIO 103 NW 51 AVENUE MIAMI, FL 33126

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is:

JOANNE MARIE ATTANASIO 103 NW 51 AVENUE MIAMI, FL 33126

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 24 day of OCTOBER, 2001

ANNE MARIE ATTANASIO

4010001095883

H010001095883

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Sub mits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

TRI-COUNTY MOBILE CHECKING, CORP.

2. The Name and Address of the registered agent and office is

JOANNE MARIE ATTANASIO 103 NW 51 AVENUE MIAMI, FL 33126

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS GERTIFICATE, 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. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Dated: OCTOBER 24, 2001

H010001095883

01 0CT 24 PM 3: 3: