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(Re	equestor's Name)
(Ac	idress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Dc	ocument Number)
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Certified Conjes	Certificates of Status
Certified Copies	
Special Instructions to	Filing Officer:
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SECRETARY OF STATE
ALLAHASSEF FI CORE

DATE JAN. 8, 2003

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

Re:	GULF		ATMS	, Inc.
		(Name of	Corporation)	·

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

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.

GULF COAST ATMS, INC	
MAILING ADDRESS OF CORPORATION -	
CRYSTAL RIVER, FL 34428	_
PHONE (352) 563-2122 Area Code Number Bxt.	

ARTICLES OF INCORPORATION

of

GULF COAST ATMS, INC

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME	
The name of the corporation is: GULF COAST ATM'S, INC.	-
ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law.	JAN 10 PH
ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business per United States and the State of Florida.	mitted under the laws of the
ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue	1.00 per share.
ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is:	
STREET ADDRESS	
1800 NW 20TH AVE.	
CITY CRYSTAL RIVER FLORIDA	ZIP 34428

STREET ADDRESS		
1800 NW 20TH A	VE.	
CITY CRYSTAL RIVER	FLORIDA	ZIP <i>3442</i> 8
Mailing address, if different		
STREET ADDRESS		
SAME		
CITY	FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME (HARLES J	PONDER	THE BOOKKEEPER	# Assoc, Ive
ADDRESS	2667-B	N FLOR	LIDA AVE	
CITY	HERNANDO	9	FLORIDA	ZIP 34442

t ins conductation shall have	ONE) directors initially. The	a number of directors may b
either increased or diminished from time to time by the By		
addresses of the initial director(s) of the corporation are as	s follows:	
NAME BRUCE A. BENTO	<u></u>	
ADDRESS 1800 NW 20TH AVE		
CITY CRYSTAL RIVER		ZIP 34428
NAME		
ADDRESS	Commence of the Commence of th	
CITY	STATE	ZIP
NAME		
ADDRESS	-	
CITY	STATE	ZIP
The names and addresses of the incorporators signing thes		follows:
		IOHOWS:
NAME BRUCE A BENTLE	Υ	
ADDRESS 1800 NW 20TH A	√E	
CITY CRYSTAL RIVER	STATE FL	ZIP 34428
NAME CRYSTAL RIVER	STATE FL	ZIP 344.28
•	STATE FL	ZIP 344.28
NAME	STATE FL	ZIP 344-28 ZIP
NAME ADDRESS	STATE FL	
ADDRESS CITY	STATE FL	
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NAME ADDRESS CITY NAME ADDRESS CITY The undersigned incorporator(s) have executed these	STATE STATE STATE Articles of Incorporation this	ZIP

___ (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

OULF COAST HTM'S, LNC
(name of corporation)
·
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at 2667-B N FLORIDA AVE
HERNANDO, FL 34442
HERNANDO, FL 34442 has named CHARLES J. PONDER /THE BOOKKEEPER & ASSOC., INC
located at the aforesaid address, as its registered agent to accept service of process within this
state.
Having been named as registered agent and to accent service of process for the above stated
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 regis-

tered 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.