

POS000124567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

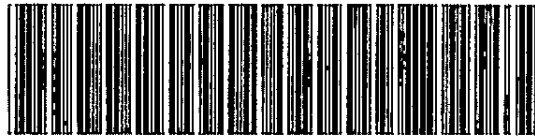
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers SEP 12 2005

W05-40325

TRANSMITTAL LETTER

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

SUBJECT: Bankcard Merchant Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 COPY REQUIRED

FROM: Eliaana Monaco
Name (Printed or typed)
3300 NE 191 St #601
Address
Aventura, FL 33180
City, State & Zip
(954) 638-4906
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

1st National Merchant Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3300 NE 191 St. Ste 601, Aventura, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To offer merchant credit card services,
and related services.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Giancarlo Monaco President

Eliana Monaco Vice-President

3300 NE 191 St #601
Aventura, FL 33180

3300 NE 191 St
#601,
Aventura, FL

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Eliana Monaco

3300 NE 191 St. Ste 601, Aventura, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eliana Monaco

3300 NE 191 St. Ste 601, Aventura, FL 33180

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Eliana Monaco

Signature/Registered Agent

9-7-05

Date

Eliana Monaco

Signature/Incorporator

9-7-05

Date

SECRETARY OF STATE
MAHASSEH, MA

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