

P05000146757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

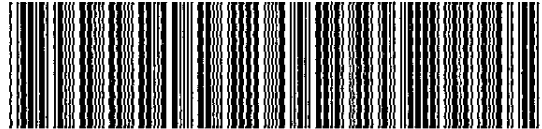
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 NOV -2 PM 2:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BANKCARD PROCESSING 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: WILLIAM PALMER
Name (Printed or typed)

550 BAYSHORE DRIVE
Address

ELLENTON FLORIDA 34222
City, State & Zip

(941) 722-5351
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 20, 2005

WILLIAM PALMER
550 BAYSHORE DRIVE
ELLENTON, FL 34222

SUBJECT: BANKCARD PROCESSING, INC.
Ref. Number: W05000048120

We have received your document for BANKCARD PROCESSING, INC.. However, the document has not been filed and is being returned for the following:

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Regulation, resubmit the document and the approval letter to the Division of Corporations for filing.

An effective date may be added to the Articles of Incorporation if a 2006 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 705A00064013



OFFICE OF FINANCIAL REGULATION

DON B. SAXON
COMMISSIONER

FINANCIAL SERVICES
COMMISSION

JEB BUSH
GOVERNOR

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

CHARLIE CRIST
ATTORNEY GENERAL

October 26, 2005

Mr. William Palmer
550 Bayshore Drive
Ellenton, Florida 34222

Dear Mr. Palmer:

Re: Bankcard Processing, Inc.

Thank you for your recent letter/fax requesting approval for use of the above-referenced names.

It is the opinion of this Office that the above-referenced corporate names are definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Office does not object to your use of the above-referenced names being registered to conduct business in the state of Florida.

Sincerely,

Linda B. Charity
Director

LBC:ker

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

BANKCARD PROCESSING INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

550 BAYSHORE DRIVE
ELLENTON, FLORIDA 34222

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT SALES AND
SERVICE ORGANIZATION

ARTICLE IV SHARES

The number of shares of stock is:

1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

WILLIAM PALMER - PRESIDENT
KATHLEEN PALMER - VICE PRESIDENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

KATHLEEN PALMER
550 BAYSHORE DRIVE.
ELLENTON, FLORIDA 34222

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM PALMER
550 BAYSHORE DRIVE.
ELLENTON, FLORIDA 34222

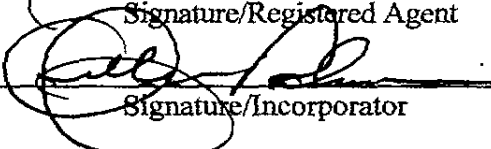
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Kathleen Q Palmer

Signature/Registered Agent

10/14/05

Date



Signature/Incorporator

10/14/05

Date