

PB6000107162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

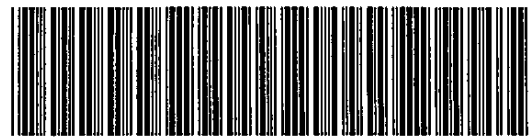
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 AUG 16 P 4: 09

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8-16-06

COVER LETTER

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

SUBJECT: BANKCARD ASSOCIATES OF NORTH AMERICA, 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: JAY L. HORWITT
Name (Printed or typed)

10097 Cleary Blvd STE 239
Address

Plantation, FL 33324
City, State & Zip

954-817-1843
Daytime Telephone number

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



OFFICE OF FINANCIAL REGULATION

DON B. SAXON
COMMISSIONER

**FINANCIAL SERVICES
COMMISSION**

JEB BUSH
GOVERNOR

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

CHARLIE CRIST
ATTORNEY GENERAL

August 8, 2006

Mr. Jay L. Horwitt
9568 NW 9th Ct.
Plantation, Florida 33324

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Mr. Horwitt:

Re: Bankcard Associates of North America, Inc.

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

It is the opinion of this Office that the above-referenced corporate name is 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 name 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

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 Associates of North America, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

10097 Cleary Blvd. Suite 239, Plantation, FL

33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General Business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAY L. HORWITT, President
Jocelyn Horwitt, V. President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

JAY L. HORWITT
9568 NW 9th CT.
Plantation, FL 33324

ARTICLE VII INCORPORATOR

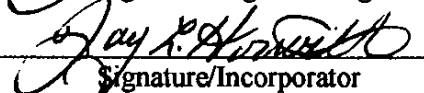
The name and address of the Incorporator is:

JAY L. HORWITT
9568 NW 9th CT.
Plantation, FL 33324

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


Signature/Registered Agent

8/10/06
Date


Signature/Incorporator

8/10/06
Date