

P09000095933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

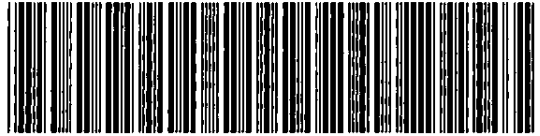
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**COVER LETTER**

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

**SUBJECT:** Capital Merchant Solutions 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:** Richard Hartman  
Name (Printed or typed)

9271 Legare Street  
Address

Boca Raton FL 33434  
City, State & Zip

248-761-5633  
Daytime Telephone number

creditcardprocessor@hotmail.com  
E-mail address: (to be used for future annual report notification)

**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: **Capital Merchant Solutions Inc**

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

9271 Legare Street  
Boca Raton, FL 33434

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To offer credit card processing services.

**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): **President**

**Richard Hartman**

9271 Legare Street, Boca Raton Florida, 33434

**ARTICLE VI REGISTERED AGENT**

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

**Richard Hartman, 9271 Legare Street, Boca Raton Florida, 33434**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**Richard Hartman, 9271 Legare Street, Boca Raton Florida, 33434**

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*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



\_\_\_\_\_  
Signature/Incorporator

11/17/09  
\_\_\_\_\_  
Date

11/17/09  
\_\_\_\_\_  
Date

FILED  
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CLERK OF CIRCUIT COURT  
IN AND FOR THE STATE OF FLORIDA  
SOUTH DARIEN COUNTY