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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

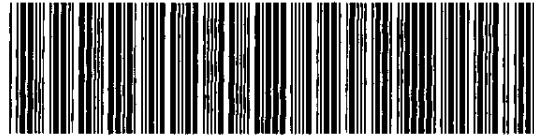
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 JAN 11 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

not  
1-12-10

**COVER LETTER**

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

**SUBJECT:** LINK4BANKS, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** LARRY S. ALEXANDER

Name (Printed or typed)

1501 2ND AVENUE

Address

TAMPA, FL 33605

City, State & Zip

813-579-1084

Daytime Telephone number

lalexander@kimmins.com

E-mail address: (to be used for future annual report notification)

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



**OFFICE OF FINANCIAL REGULATION**

**J. THOMAS CARDWELL**  
COMMISSIONER

**FINANCIAL SERVICES  
COMMISSION**

**CHARLIE CRIST**  
GOVERNOR

**BILL MCCOLLUM**  
ATTORNEY GENERAL

**ALEX SINK**  
CHIEF FINANCIAL OFFICER

**CHARLES BRONSON**  
COMMISSIONER OF  
AGRICULTURE

January 6, 2010

Mr. Larry Alexander  
1501 2<sup>nd</sup> Avenue  
Tampa, FL 33605

Dear Mr. Alexander:

Re: Link4Banks, 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. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

Linda B. Charity  
Director

LBC:bk

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:

Link4Banks, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

1501 2<sup>nd</sup> Ave.

Tampa, FL 33605

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Service provider to banks

## 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):

Joseph M. Williams, President, Director

## ARTICLE VI REGISTERED AGENT

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

Joseph M. Williams

1501 2<sup>nd</sup> Avenue

Tampa, FL 33605

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joseph M. Williams

1501 2<sup>nd</sup> Avenue

Tampa, FL 33605

\*\*\*\*\*

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

1/8/2010

\_\_\_\_\_  
Date

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

1/8/2010

\_\_\_\_\_  
Date

FILED  
10 JAN 11 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA