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SEGRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE

JAN 12 2011

EXAMINER



# FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2011

MARC DEPPE 5979 VINELAND RD, SUITE 101 ORLANDO, FL 32819

SUBJECT: BANKCLASSACTIONS.COM, INC.

Ref. Number: W11000001163

We have received your document for BANKCLASSACTIONS.COM, INC. and your check(s) totaling \$147.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 211A00000882

TILED

11 JAN 12 MID: 10

SECRETARY OF STATE



# FLORIDA DEPARTMENT OF STATE Division of Corporations

January 7, 2011

+ARC DEPPE 5979 VINELAND RD, SUITE 101-ORLANDO, FL 32819

SUBJECT: BANKCLASSACTIONS.COM, INC.

Ref. Number: W11000001163

We have received your document for BANKCLASSACTIONS.COM, INC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file the Certificate of Conversion and Articles of Incorporation total \$105.00 (\$35 filing fee for the Certificate of Conversion, \$35 filing fee for Articles of Incorporation, and \$35 for the Registered Agent Designation). Enclose an additional \$8.75 for each certified copy or certificate of status requested.

There is a balance due of \$53.75.

Please return 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 611A00000665

TILED

11 JAN 12 AH DO 10

SEGMETARY OF STATE

# **COVER LETTER**

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

SUBJECT: Bank Class Actions. C	om, inc.	THE OTHER			
(PROPOSED CORPOR)	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)			
Enclosed are an original and one (1) copy of the art	ticles of incorporation an	d a check for:			
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified C & Certifies Status OPY REQUIR	Copy ate of		
FROM: Marc Deppe	ne (Printed or typed)		_		
12038 Windstone St	Address		<b>₽</b> .a		
Winter Garden, FL 3	34787 7, State & Zip		EGRETA!	1 JAN 12	<u></u>
407-864-2214  Daytime	Telephone number		SEE. FE	2 AM D	
marc.deppe@gmail.	COM ed for future annual repor	notification)	ATE HIDA	Ö	

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



# J. THOMAS CARDWELL COMMISSIONER

STREET ADDRESS: 101 E. Gaines Street, Suite 636 PHONE (850) 410-9800 • FAX (850) 410-9548
MAILING ADDRESS: Division of Financial Institutions, 200 E. Gaines Street, Tailahassee, FL 32399-0371
Visit us on the web: <u>www.fl.ofr.Com</u> • Toll Free: (800) 848-3792

December 30, 2010

Mr. Marc Deppe 12038 Windstone St. Winter Garden, FL 34787

Dear Mr. Deppe

Re: BankClassActions.com, 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, Burcau of Commercial Recordings, Division of Corporations,
Department of State

FINANCIAL SERVICES COMMISSION

# Certificate of Conversion

For

# "Other Business Entity"

Into

## Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of

Conversion is: BankClassActions.com, LLC Enter Name of Other Business Entity 2. The "Other Business Entity" is a limited liability company (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country) on 12-15-10 Enter date "Other Business Entity" was first organized, formed or incorporated 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the which it is now organized, formed or incorporated: 4. The name of the Plorida Profit Corporation as set forth in the attached Articles of Incorporation BankClassActions.com, Inc. Enter Name of Florida Profit Corporation 5. If not effective on the date of filing, enter the effective date:\_ (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

attached Articles of Incorporation, if an effective date is listed therein.)

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Page 1 of 2

Signed this 12	day of January	, 20_11	
	ure for Florida Profit		
Individual signing	affirms that the facts s	stated in this document are true. Any false inform	nation constitutes
	ony as provided for in s		
Signature of Chair	rman, Vice Chairman	Director, Officer, or, if Directors or Officers hav	e not been
selected, an Incom	porator:		
Printed Name: Ma	arc Deppe	Title: CEO	_
Required Signatu	re(s) on behalf of Othe	r Business Entity: Individual(s) signing affirm(	s) that the facts
stated in this docu	ment are true. Any fals	se information constitutes a third degree felony a	is provided for in
	ee below for required sig		•
	11/1/		
Signature:	Me jean		·
Printed Name: Marc	c Depoe	Title: Managing Member	
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Drinted Margar		Title:	
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If Bloulds Conord	d Daytmarchin av Limit	ed Liability Partnership:	
Signature of one C		en Liability I arthership.	
aignature of one C	reneral rariner.		
R Claubby I bushes	d Dautnaughin an I imit	ad I inhility I imited Dayinayehin	<b>E.</b> , _
		ed Liability Limited Partnership:	
Signatures of ALA	General Partners.		
			<b>&gt;</b>

If Florida Limited Liability Company:
Signature of a Member or Authorized Representative.

All others:
Signature of an authorized person.

Fees:

Certificate of Conversion: \$35.00 Fees for Florida Articles of Incorporation: \$70.00

Certified Copy:

\$8.75 (Optional) \$8.75 (Optional) Certificate of Status:

Page 2 of 2

# ARTICLES OF INCORPORATION

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

The name of the con	NAME poration shall be: BankClass	Actions	com, Ir	ic.
ARTICLE II	PRINCIPAL OFFICE  Principal street address 2038 Windstone St inter Garden, FL 34787	M	failing address, if diffe	rent is:
	PURPOSE ich the corporation is organized is:  awful busine	ss ac	ctivity.	
The number of share  ARTICLE V  Name and Tit	s of stock is: 1000 INITIAL OFFICERS AND/OR DIRECTOR	S Name and Title:	leff Greenberg	g. President
Address:	e:Marc Deppe, CEO 12038 Windstone St Winter Garden, FL 34787	Address: 3	Delaplane, VA	20144
Name and Tit Address:	le:Jay Heckendorn-Telenda, EVP 13506 Summerport Village Pkwy. Suite 349 Windermere, FL 34786	Name and Title: Address:		
Name and Tit Address:	le:	A 1.1		
ARTICLE VI	REGISTERED AGENT			AS# = =
The <u>name and Flor</u> Name: Address:	ida street address (P.O. Box NOT acceptable) of Marc Deppe 5979 Vineland Road, Suite 101 Orlando, FL 32819	-	t is:	MAR ST
	INCORPORATOR  ress of the Incorporator is:			REA D
Address:	Marc Deppe 5979 Vineland Rd, Suite 101 Orlando, FL 32819	· ·	-	
Having been named this certificate, I am	d as registered agent to accept service of process familiar with and accept the appointment as regi	for the above state stered agent and ag	gree to act in this cape	icity
			<u>1-12:</u>	= 11
	Required Ignature/Registered Agent nent and affirm that the facts stated herein are partment of State constitutes a third degree felony			Date ution submitted in a
wocument to the De	Required Signature/Incorporator			Date