

P120000094133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

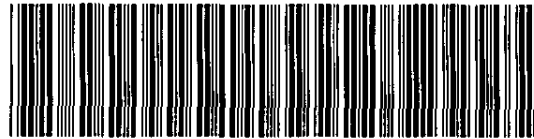
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/14/12--01001--014 \*\*70.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2012 NOV 14 AM 4:15  
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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
12 NOV 13 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/13

8

## COVER LETTER

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

SUBJECT: HDO Card Systems, 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: Bill R. Norwood  
Name (Printed or typed)  
Post Office Box 4336  
Address  
Tallahassee, FL 32315  
City, State & Zip  
850-422-1042  
Daytime Telephone number  
Jessica@raglovercpa.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: HBO card Systems, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1230 Waverly Road  
Tallahassee, FL 32312

Mailing address, if different is:  
Post Office Box 4336  
Tallahassee, FL 32315

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
smart cards sales + service

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Bill R. Norwood, President</u>	Name and Title: _____
Address: <u>Post Office Box 4336</u>	Address: _____
<u>Tallahassee, FL 32315</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Bill R. Norwood  
Address: 1230 Waverly Road  
Tallahassee, FL 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bill R. Norwood  
Address: Post Office Box 4336  
Tallahassee, FL 32315

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

Bill R Norwood  
Required Signature/Registered Agent

FILED  
12 NOV 13 PM 27  
11/13/12  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Bill R. Norwood  
Required Signature/Incorporator

11/13/12  
Date