

P13000022152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

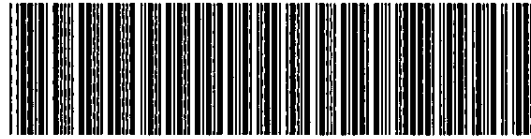
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500244618945

02/13/13--01002--016. **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 11 PM 12:02

3/12/13



RECEIVED

13 MAR 11 AM 8:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2013

LOURDES ESPINEIRA
1772 SW CHOATE ST
PORT ST LUCIE, FL 34953

SUBJECT: FLORIDA MERCHANT SOLUTIONS CO.
Ref. Number: W13000009274

We have received your document for FLORIDA MERCHANT SOLUTIONS CO. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 013A00003690

COVER LETTER

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

SUBJECT: Florida Merchant Solutions Co.

(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: Florida Merchant Solutions Co.

Name (Printed or typed)

1772 SW Choate St.

Address

Port St. Lucie, Fl. 34953

City, State & Zip

7728736197

Daytime Telephone number

robertesp@bellsouth.net

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME
The name of the corporation shall be: Florida Merchant Solutions Co.

13 MAR 11 PM 12:03

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

1772 SW Choate St.

Port St. Lucie, Fl. 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Florida Merchant Solutions Co. is a card payment solution for all merchants, we enable merchants
large or small across the Treasure Coast to accept electronic payment for the goods and services they sell.

Florida Merchant Solutions Co. guarantees to reduce the costs of your processing credit and debit cards fees.

ARTICLE IV SHARES
The number of shares of stock is: 51% Owner/49% V.P. 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lourdes Espineira, Owner

Name and Title: Humberto Espineira, Vice-President

Address: 1772 SW Choate St.
Port St. Lucie, FL 34953

Address: 2834 W. 75 Terrace
Hialeah, FL 33018

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: 13 MAR 11 PM 12:03
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Lourdes Espineira
Address: 1772 SW Choate Street
Port St. Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Humberto Espineira
Address: 2834 W. 75 Terrace
Hialeah, FL 33018

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

Lourdes Espineira 3-1-13
Required Signature/Registered Agent Date

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.

[Signature] 2-8-13
Required Signature/Incorporator Date