

P24000037196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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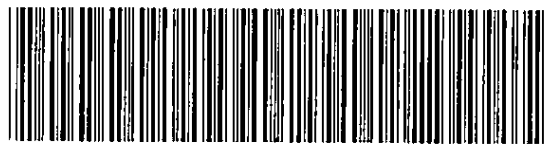
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

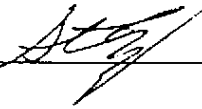
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

National Card Services, Inc.

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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Signature

Requested by:

Name

Date

Time

COVER LETTER

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

SUBJECT: National Card Services, 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: Monica Tirado, Esq.
Name (Printed or typed)

2655 LeJeune Rd., Suite 1109
Address

Coral Gables, FL 33134
City, State & Zip

305-390-2320
Daytime Telephone number

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

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STATE OF FLORIDA
TALLAHASSEE, FL

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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: National Card Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5335 NW 87th Ave., C109 #115

Miami, FL 33178

Mailing address, if different is:

5335 NW 87th Ave., C109 #115

Miami, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for any and all purposes permitted under Florida law.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vincent Mota(President)

Address 540 Brickell Key Drive, Apt. 1021

Miami, FL 33131

Name and Title: Peter Rounce (CEO)

Address: 12148 Waterstone Circle

Palm Beach Gardens, FL 33412

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE FL

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: Tirado-Luciano & Tirado, PA
Address: 2655 LeJeune Rd., Suite 1109
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Tirado-Luciano & Tirado, PA
Address: 2655 LeJeune Rd., Suite 1109
Coral Gables, FL 33134

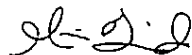
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

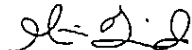


Required Signature/Registered Agent


5/30/24

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.



Required Signature/Incorporator

5/30/24

Date