P95000018563

TRANSMITTAL LETTER

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



200000044246572 -03/06/95--04000--063 ++++70.00 ++++70.00

SUBJECT: <u>CRS CREDIT CARD SYSTEMS JUC.</u>
(Proposed corporate name - must include suffix)

	sed is an original and one (1) copy of the articles of incorporation and a check							
lor:	₹70.00	[<u>]</u> \$78.75	122.50	□ 131.25				
	FROM:	FRANK						
		Name	(printed or typed)					
		17426	US 19					
	Address							
		HUDSON	FL 3	34667				
			y, State & Zip					
		8/3	868 686	9 <i>0</i>				
		Daytime	Telephone number					

fe 3/8

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

ARTICLES OF INCORPORATION

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CRS CREDIT CARD SYSTEMS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE ! NAME

The name of the corporation shall be:

CRS CREDIT CARD Systems, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

17426 4.5. Hwy 19 Hudson, FL 34667

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares NON-PAR

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

GREG RAUCKHORST 40347 US 19 Ste 136

TARPON SPRINGS, FL. 34689

Amf form.

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

FRANK SUSCA 17426 U.S. Nwy 19 Hudson, FL 34667

The undersigned has (have) executed those Articles of Incorporation this

37 day of February, 19 95.

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corpor	ation is: <u>CRS</u>	CREDI	TCARD	SYSTEMS, INC				
				····				
2. The name and address of the registered agent and office is:								
GREG RAVCKHORST AND TO THE STATE OF THE STAT								
	SSE 6 LE							
40347	US 19	STE	136					
(P.O. Box not acceptable)								
TARPON	SPRING	S FL	34689					
-	(City/State			_				

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) 2/27/95

