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

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SUBJECT:

Chestnut Card Services

Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee \$78.75

Filing Fee

& Certificate

□\$122.50

□ \$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

16969 NW 67 AVR, Suite 206

liami Lakes, FC
City, State & Zip

ら-820-552つ Daytime Telephone number

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

ARTICLES OF INCORPORATION

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 I NAME

The name of the corporation shall be:

Chestnut Card Services CORP.

ARTICLE II PRINCIPAL OFFICE

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

16969 NW 67th Avenue Suite 206 Kliami Lakes, FL 33815

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

The name and address of the initial registered agent is:

Marlene Serrano 12289 Pembroke R2#2 Pembroke Pines. Je 33025

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) au	nd street address(es) of the incorporator(s) to these Articles of Incorporation is(are)) :
	Marlene Sellano - President	
•	12289 Pembroke Rd #2	
	Pembroke lines, FL 33025	

The undersign	ed incorporator(s) has(have) o	executed these Articles of Incorporation this
<u>29</u> day d	of Hax	
(An additional	article must be added if an ef	fective date is requested.)
	Railere	Revano
		Signature
		Signature
		Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 corporation is	Chestnut Card Services	CORP.
_	istered agent and office is: [NAME] Penlaroke Rd # 2	Oly SECOFT BASE STATE
(P. O.	Box or Mail Drop Box NOT ACCEPTABLE) (CITY/STATE/ZIP)	

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.

Maples levano 5/29/97
(SIGNATURE) (DATE)