

OFFICE USE ONLY (Document #)

LABARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

100002606861--8

-08/04/98--01046--025

\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NATIONS BANCORP LTD.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
RECEIVED  
98 AUG -7 PM 12:54 AM 11:15  
SECRETARY OF STATE CORPORATION  
TALLAHASSEE, FLORIDA

Client was told about being in conflict w/ Nations Bank  
8/5

506

Signature

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

August 4, 1998

LAZARUS

MIAMI, FL

SUBJECT: NATIONS BANCORP LTD.  
Ref. Number: W98000017670

We have received your document for NATIONS BANCORP LTD.. However, the document has not been filed and is being returned for the following:

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

Written approval and clearance of the terms BANK, BANKER, BANC, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION must be obtained from the Division of Banking and Finance, pursuant to section 655.922(2a), Florida Statutes. The address is:

Division of Banking  
Director's Office  
101 E. Gaines St.  
Fletcher Bldg., 6th Floor.  
Tallahassee, FL 32399-0350  
(850) 488-1111.

Please return the original and one copy of 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) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 698A00040749

# NATIONS BAN CORP LIMITED

3850 S.W. 87 AVE., SUITE 308, MIAMI, FL. 33165

TEL. (305) 225-5577 FAX. (305) 225-6355

August 5, 1998

To whom it may concern:

This letter is to certify that Nations Ban Corp Limited is neither a bank nor a holding company. We will operate as a for-profit corporation to be filed with the State of Florida.

We are requesting this name to be incorporated in the State of Florida. Thank you for your cooperation in this matter.



Dr. Luis R. Suarez  
Incorporator

FILED  
98 AUG - 7 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## 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:

NATIONS BAN CORP. LIMITED

### ARTICLE II: PRINCIPAL OFFICE

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

3850 S. W. 87<sup>TH</sup> AVE., SUITE 308  
MIAMI, FL. 33165

### ARTICLE III: SHARES

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

1,000

### ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DR. LUIS R. SUAREZ  
3850 S. W. 87<sup>TH</sup> AVE., SUITE 308  
MIAMI, FL. 33165

FILED  
98 AUG -7 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE V: INCORPORATOR (S)

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

DR. LUIS R. SUAREZ  
3850 S. W. 87<sup>TH</sup> AVE., SUITE 308  
MIAMI, FL. 33165

ARTICLE VI: DIRECTOR (S)

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

DR. LUIS R. SUAREZ, PRESIDENT  
3850 S. W. 87<sup>TH</sup> AVE., SUITE 308  
MIAMI, FL. 33165

JAY ZAMBRANA, Vice-President.  
3850 S. W. 87<sup>TH</sup> AVE., SUITE 308  
MIAMI, FL. 33165

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this 6TH DAY OF AUGUST 1998.

  
\_\_\_\_\_  
SIGNATURE

  
\_\_\_\_\_  
SIGNATURE

Articles of Incorporation  
Filing Fee- \$35.00

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0505, Florida Statutes, the

DR. LUIS R. SUAREZ  
3850 S. W. 87<sup>TH</sup> AVE., SUITE 308  
MIAMI, FL. 33165

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

8-6-98  
\_\_\_\_\_  
DATE

REGISTERED AGENT FILING FEE: \$35.00

FILED  
98 AUG -7 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA