

TRANSMITTAL LETTER

P990000024074

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

300002801123--4

-03/10/99-01080-012

*****87.50 *****87.50

Processing

SUBJECT: FIRST Capital Financial Group, Inc.
(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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: William Feller
Name (Printed or typed)

801 Madrid St. # 207
Address

Coral GABLES, FL. 33134
City, State & Zip

305-461-3003
Daytime Telephone number

Wm. Feller GAVE
AUTHORIZATION BY PHONE TO
SUBJECT Corp. Name
DATE 3/16/99
BY EXAM BB

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

FILED
99 MAR 10 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BROCK MAR 16 1999

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

FIRST CAPITAL Processing, Inc.

ARTICLE II PRINCIPAL OFFICE

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

801 MADRID ST. #207
CORAL GABLES, FL. 33134

ARTICLE III SHARES

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

300

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

WILLIAM FALLER
801 MADRID ST. #207
CORAL GABLES, FL. 33134

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

WILLIAM FALLER
801 MADRID ST. #207
CORAL GABLES, FL. 33134
WILLIAM FALLER
W. Faller

Signature/Incorporator

3/9/99

Date

(An additional article must be added if an effective date is requested.)

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

W. Faller

Signature/Registered Agent

3/9/99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR 10 PM 1:21

FILED