

Charter Number Only

19900029557

Requestor's Name
Address
City State ZIP Phone

INFORMATION ONLY

CORPORATION(S) NAME

300002816413--2

-03/24/99--01005--015
*****78.75 *****78.75

EBank systems, Inc.

FILED
99 MAR 31 PM 12:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Mail Out |

Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

DIVISION OF CORPORATION

50 MAR 24 AM 9:15

RECEIVED

1999-7061
(511)
COPY

Empire TollFree: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 24, 1999

EMPIRE

MIAMI, FL

SUBJECT: EBANK SYSTEMS, INC.
Ref. Number: W99000007061

We have received your document for EBANK SYSTEMS, INC.. However, the document has not been filed and is being returned for the following:

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.

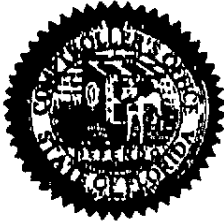
Loria Poole
Corporate Specialist

Letter Number: 799A00014746

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99 MAR 31 AM 9:56

DIVISION OF CORPORATIONS



ROBERT F. MILLIGAN
COMPTROLLER OF FLORIDA

OFFICE OF THE COMPTROLLER
DEPARTMENT OF BANKING AND FINANCE
STATE OF FLORIDA
TALLAHASSEE
32399-0350

March 26, 1999

Walter E. Hogancamp
Hogancamp, Day, Schaner & Ledger
9840 NW 7th Circle, Suite 2018
Plantation, FL 33324-4999

Dear Mr. Hogancamp:

Re: "eBank Systems, Inc."

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Department that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Department does not object to your use of the above-referenced name being registered to conduct business in the state of Florida.

Sincerely,

A handwritten signature in dark ink, appearing to read "Art Simon".

Art Simon - Director
Division of Banking
101 East Gaines Street
Fletcher Building - Sixth Floor
Tallahassee, FL 32399-0350
(850) 410-9111

:kr

cc: Karon Beyer, Chief
Bureau of Corporate Records
Division of Corporations
Secretary of State's Office

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TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

of

eBANK SYSTEMS, INC

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

eBANK SYSTEMS, INC

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE THOUSAND shares (1,000) of ONE HUNDRED Dollar(s) (\$ 100.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME <u>WALTER E HOGAN CAMP</u>		
ADDRESS <u>9640 N.W. 7th CIRCLE #2018</u>		
CITY <u>PLANTATION</u>	FLORIDA	ZIP <u>33324-4559</u>

The principal office, if known, or the mailing address of the corporation is:

NAME <u>eBANK SYSTEMS, INC</u>		
ADDRESS <u>9640 N.W. 7th CIRCLE #2018</u>		
CITY <u>PLANTATION</u>	FLORIDA	ZIP <u>33324-4559</u>

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TALLAHASSEE FLORIDA

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

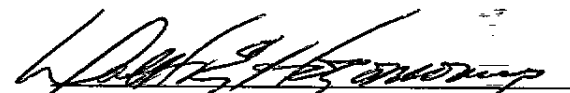
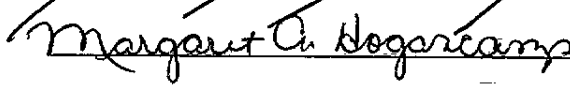
NAME	WALTER E. HOGANCAMP		
ADDRESS	9640 N.W. 7 th CIRCLE #2018		
CITY	PLANTATION	STATE	FLORIDA 33324-4999 ZIP
NAME	MARGARET A. HOGANCAMP		
ADDRESS	9640 N.W. 7 th CIRCLE #2018		
CITY	PLANTATION	STATE	FLORIDA 33324-4999 ZIP
NAME			
ADDRESS			
CITY		STATE	
			ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	WALTER E. HOGANCAMP		
ADDRESS	9640 N.W. 7 th CIRCLE #2018		
CITY	PLANTATION	STATE	FLORIDA 33324-4999 ZIP
NAME	MARGARET A. HOGANCAMP		
ADDRESS	9640 N.W. 7 th CIRCLE #2018		
CITY	PLANTATION	STATE	FLORIDA 33324-4999 ZIP
NAME			
ADDRESS			
CITY		STATE	
			ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 23 day of MARCH, 19 99.

 (Seal)
 (Seal)
 _____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

eBANK SYSTEMS, INC.
(name of corporation)


Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted.
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 9640 N.W. 7th Circle #2018
PLANTATION, FL 33324-4999

has named WALTER E HOGAN CAMP
located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated
corporation at the place designated in this certificate, and being familiar with the obliga-
tions of that position, I hereby accept to act in this capacity, and agree to comply with the
provisions of Florida Law in keeping open said office.


(registered agent)

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TALLAHASSEE, FLORIDA