

P99000062582  
TRANSMITTAL LETTER

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

600002923906--21  
-07/06/99--01125--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

**SUBJECT:** BancCorp Financial Group, Inc. dba BancUnion Trust  
(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:** Banc Union Trust  
Name (Printed or typed)

Graham Center, Unit 12  
Address

Miami, Florida 33265-4607  
City, State & Zip

888-787-2262  
Daytime Telephone number

99 JUL 14 PM 1:31  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

BC 87-99  
6000-16120  
OB  
7-14-99  
2



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 14, 1999

ANGEL EDDY RODRIGUEZ  
GRAHAM CENTER, 654607-UNIT 12  
MIAMI, FL 33265-4607

SUBJECT: BANCCORP FINANCIAL GROUP, INC. DBA BANCUNION TRUST  
Ref. Number: W99000016120

We have received your document for BANCCORP FINANCIAL GROUP, INC. DBA BANCUNION TRUST and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 410-9111.

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

For your convenience I am sending you a Fictitious Name Registration Form.

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) 487-6930.

Carolyn Batten  
Document Specialist

Letter Number: 799A00036129

## 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:

Union Corp Financial Group, Inc.

### ARTICLE II      PRINCIPAL OFFICE

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

Graham Center  
654607 - Unit 12  
Miami, Florida 33265-4607

### ARTICLE III      SHARES

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

100 - Shares

### ARTICLE IV      INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Nicole Oliva  
Graham Center  
654607 - Unit 12  
Miami, Florida 33265-4607

### ARTICLE V      INCORPORATOR

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

Angel Eddy Rodriguez (*Pres*)  
Graham Center  
654607 - Unit 12  
Miami, Florida 33265-4607

  
\_\_\_\_\_  
Signature / Incorporator

*7-13-99*  
\_\_\_\_\_  
Date

*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 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 / Registered Agent

*7-13-99*  
\_\_\_\_\_  
Date

FILED  
1999 JUL 14 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA