

**South Carolina Media Arts Center
and Horry County Broadcasters Association**

Carolina Veterans Network
Funding for Veteran Organizations
Communication Platforms
Local Veteran Events



**BRAVE
Hearts**

Magazine, Podcast and Network

www.LocalBraveHearts.com

COMPANY INFORMATION

COMPANY NAME: Carolina Media Arts Center
FED ID # 87-4277746
ADDRESS: 8521 Hwy 90 Longs, South Carolina 29568
CONTACT Wardell Brantley (Operations)
PHONE: (843) 465-7236 (800) 948-5980
EMAIL: wBrantley@LocalBraveHearts.com
WEBSITE: www.LocalBraveHearts.com

PARTNERING COMPANIES & ORGANIZATIONS

Brave Hearts Network	Startup Network (Veterans, Sports, First Responders, Small Businesses)
Horry County Broadcasters Network	Horry County Platforms and Networks
Action Speaks Inc.	Nonprofit (IRS 501c3)
PC Debit Card LLC	For-profit Debit Card Financial Services
Carolina Media Arts Center LLC	For-profit: Media, Business and Technology Services and Facility and Equipment management.

BRIEF SUMMARY

The PC Debit Card started-out as a multimedia membership service twenty-five years ago and has been tested in cities nationwide and with many industries and demographics.

The PC Debit Card is a Group Purchasing Network that charges corporations a fee for exclusive business contracts with the members. The amount that is collected through the debit card system is paid-out every month to the debit card members. Members are contracted to use the paying-corporations (exclusively).

The system is setup and operates serving groups of 500 to 3,500 small businesses and organizations.

The first phase of the PC Debit Card is being launched through a unique funding program named The Two Million Dollar "Funding-Solutions" Campaign. This campaign will distribute an average of four thousand dollars per month to each member of the group of 500 organizations, totaling two million dollars per month.

The campaign will demonstrate the PC Debit Card's ability to electronically collect fees from the corporations and distribute the fees to the participating members who are primarily nonprofit community organizations, youth programs and projects.

Nondisclosure



The information contained in this documents and any attachments are intended for the express purpose of planning and implementing projects to contact and invite the individuals, companies, corporations, agencies and organizations to participate in the forthcoming community economic Sixty Million Dollar Group Purchasing Project that is specifically designed to revolve eight to twelve million dollars back into the local communities of the organizations that are purchasing as a group.

Information contained in this document has been acquired through public and online resources. Images and logos are used for the planning teams only and will only be used in-house, internally for the express purpose of contacting the owners of the logo to provide a needed commerce and community resource for the company or organization.

All information in this document is privileged and confidential. If the reader of the message is not the intended recipient or an authorized representative of the intended recipient, you are hereby notified that any dissemination of this communication is strictly prohibited. If you have received this communication in error, notify the sender immediately by return email and delete the message and any attachments from your system.

Confidentiality of

Action Speaks Inc., The Carolina Media Arts Center LLC and the PC Debit Card LLC

Trademarks, Copyrights & Project Names & likeness All names, logos, images, audio, videos, ideas, plans, details, trade secrets, events, images, certain financials, technical information, partners, research and project names and productions are the exclusive property of Action Speaks Inc and The PC Card LLC.

Confidentiality: You are being furnished-with and you are receiving access to information which relates to Action Speaks Inc. past, present or future products, vendor lists, creative works, marketing strategies, pending projects and proposals, and other proprietary information which gives you an opportunity to acquire or use our and our partner's ("Proprietary Information").

You agree to preserve and protect the confidentiality of the Proprietary Information and all physical forms thereof, whether disclosed to you before this Agreement is signed or afterward. In addition, you shall not disclose or disseminate the Proprietary Information to any third party and shall not use the Proprietary Information for your own benefit or for the benefit of any third party.

Forwarding, Discussing, Copies or Reproduction of Any Materials in this Packet is Strictly Prohibited before Phase Two of the PC Debit Card has been launched.

Without limiting the generality of the foregoing, you shall be prohibited from discussing this project or the Work with a representative of the press or media, either directly or indirectly, without Wardell Brantley's express prior written approval.



Wardell Brantley

Action Speaks Inc.
The PC Card LLC
The Carolina Media Arts Center LLC
11/1/2022



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Confidentiality of

Action Speaks Inc., The PC Financial Platforms and Your Organization or Business

Trademarks, Copyrights & Project Names & likeness All names, logos, images, audio, videos, ideas, plans, details, trade secrets, events, images, certain financials, technical information, partners, research and project names and productions are the exclusive property of Action Speaks Inc.

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Public Comments, Copies or Reproduction of any materials is strictly prohibited outside of your planning team!

Without limiting the generality of the foregoing, you shall be prohibited from discussing this project or the Work with a representative of the press or media, either directly or indirectly, without Wardell Brantley's express prior written approval.

RECIPIENT

Name: _____

Signature: _____

Date: _____

ACTION SPEAKS INC.

Name: _____

By: _____

Date: _____

STARTUP SERVICE FEE

Pays online fees and Pays the Student (Interns) Technology and Production Teams.
Gives You Ownership Rights of your Content and Partnership in the Funding.

No Fee to use the Podcast for Community Information and Communications Only.

SETUP SUPPORT OPTIONS

1. \$1,000.00 (pay in full)
2. \$333 w/ two other partners
3. Three Payments of \$333

USE OUR FUNDRAISERS

1. Refer Advertisers (two to four)
2. Distribute Your Podcast Subscription Cards (hand out, email or text).

FUNDING AVAILABLE (45 to 60 days)

These funds are electronically distributed to your organization or the organization of your choice.

- 1) \$2,500 per month (minimum)
- 2) \$7,500 to \$10,000 per month (starts in 45 days to six months)
- 3) Your Podcast is added to the Block-grants.

YOUR PODCAST & NETWORK SETUP FEE:

(pays for the following):

- 1) Trademarks and Copyrights Insurance for your Podcast.
- 2) LightCast Partnership fees (Podcast Distribution and Show Platforms).
- 3) Ten Sponsorship and Grant proposals created and submitted to acquire your phase one funding.
- 4) Proposals submitted to 10 local corporations (to partner and advertise with the podcast).
- 5) To Create (or link to your existing) Website and social media pages for your podcast).
- 6) Commercials, Pilot and Promotions for your podcast.
- 7) Your Youtube and AdSense Account created along with your social media revenue sources.
- 8) Your Production and administration team (assembled and trained).
- 9) Your Graphics and Layout designs for your Blog, Newsletter and platforms.

YOUR ON-GOING EXPENSES:

Paid from the funding acquired from the advertisers and grants. No ongoing expenses to your organization.

INVOICE / RECEIPT

Carolina Media Arts Center / Horry County Broadcaster's Association

(800) 948-5980 / www.LocalBreaveHearts.com / 1200 Creel Street #29A, South Carolina 29527

DATE: ___/___/___

INVOICE #: _____

B2B MEMBER _____

(please check all that apply)

Individual
 Nonprofit
 Business
 Church
 Artist/Group

CONTACT NAME		BUSINESS/ORGANIZATION NAME	
Address		City	State/Zip
Contact Phone	Alt Phone	Business Phone	
Email		Website	

Services Provided by your organization or business

Membership Options

- PC Business to Business Membership **\$300.00**
- Broadcaster's Startup Fee **\$1,000.00** (Industry _____)
- PC Network Administrator Membership **\$5,000.00** (Network/Industry/demographic _____)
- PC Network Facility and Funds Administrator **\$6,000.00**
- Sponsorship \$5,000 or \$10,000 Program to sponsor _____
- PC Network Service Provider **\$5,000.00 + 7% per one million dollars** (service _____)
- PC Business to Business Corporate Product/Service Dealer **\$10,000.00 + 7% per one million dollars**
- PC Network Service Provider (Service) _____ Value \$ _____ .00

ADDITIONAL SERVICES NEEDED AT TIME OF CONTRACT _____

Confirm Service/Agreement / Sponsorship/Broadcaster

How will you pay

- Check Cash Debit Card Hand Deliver to Accountant
- Draft from account Website
- Cash APP: \$CarolinaB2B
- Make checks payable to: Carolina Media Arts Center

TOTAL	Deposit	Payment	Payment	Date	Signature
\$	\$	\$	\$	___/___/___	

ADDITIONAL INFORMATION / TERMS (also see contract)

Signature	Carolina Media Arts Center Signature
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Attached for your records: Fed ID #, W-9, State Certificates etc.

TRAINING & PREPARATION CONSENT FORM

THE NEXT 30 to 45 DAYS



___ I AND MY TEAM CONSENT TO:

Training 1 to 2 days per week for a minimum of 2 to 3 hours per session

Start Date: ___/___/___ Time: _____ Location: _____

PREPARATIONS

(To receive and manage: \$2k, \$6k, \$120k & Managing \$2 million)

- Inviting seven (7) more broadcasters
- Presenting at the Sponsorship Meetings.
- Account and Systems setup of my organization or company to handle the network, supporters or customers.
- My Television and Pitch Video and Commercials
- My Broadcast and Podcast
- My Interviews with the local tv, radio and news outlets etc.
- My Administrative Role
- My Two Million Dollar Management Responsibilities.

TEAM SIGNATURES

(1) Signature _____ date ___/___/___

(2) Signature _____ date ___/___/___

(3) Signature _____ date ___/___/___

(4) Signature _____ date ___/___/___

(5) Signature _____ date ___/___/___



Call, email or respond online: PC Debit Card LLC

www.MyPCcard.com * (843) 465-7236 * (800) 948-5980 * Longs Business Center * 8521 Hwy 90 Longs, SC 29568



Nonprofit Certification Program



Complete Setup & Structuring to Receive Funding

Each Ministry will be certified to work with any corporation or agency desired.

To successfully complete each task below In order to position the ministry to receive grants, contracts, sponsorships and to be able to work with any company or agency.

All Services Listed below are Included in the Certification Program (\$4500 value each)

The Network's First Priority for each ministry:

- To position the ministry to receive the \$1,500 to \$10,000 in Available Funding.
- To develop a professional website & a professional Web and Community Presence *(to attract the help & resources needed)*.
- Professional Setup, Presentations, Proposals, Grants, Volunteers & Funding for Director, Staff and Immediate Needs.

__ Budget (Realistic) – The amount members receive each month is based-on this budget.

__ Daily Action Plan (Clear attainable, Goals, Mission and Purpose to achieve the Vision).

__ Business Plan and Grant Proposals (up-to-date and realistic)

__ Articles, bylaws, board, tax exempt, 501c3, Grant App, support letters etc.

__ Workspace/Office Space/ Operations facility

__ Branding: Logo, Business cards, Brochures, Stationary, and Promotional materials etc.

__ Video Commercials and Strategies across relevant media platforms.

__ Website (working, effective, accept payments, connected to social media & user-friendly).

__ Business Email Accounts, Business Phone Number & Address

__ Social Media *(fb, linked-in, twitter, snapchat etc. all relevant to your products, services and audience)*.

__ leaders: Resumes, Bios and Photos

__ List of all organizations, leaders, associations that are needed to ensure success.

__ list of Industry Specific Vendors & Suppliers *(needed to operate and grow)*.

__ Online Account Setup (to receive & expend funds).

Horry County South Carolina
CAROLINA MEDIA ARTS CENTER MEMORANDUM OF UNDERSTANDING
__ Broadcasters __ Network Administrators __ Network Service Providers __ Facility Administrators
(Summary of Agreement)

Agreement made this _____ day of _____ by _____
& Carolina Media Arts Center doing business as Horry County Broadcasters Association and The PC Debit Card LLC.

This agreement supersedes, replaces, and nullifies any prior oral or written agreements with any executive or staff members associated with this or any other project.

WHEREAS, _____ has significant knowledge, experience and resources in the area, demographic and industry of their business or organization outlined in the pre-contract information page.

WHEREAS, the parties hereto desire to combine and collaborate their respective experiences, expertise, and resources for the purpose of providing funding, business, marketing and resources for small businesses and nonprofits in Horry and Georgetown Counties Only. The parties will collaborate and apply their resources using and under the name of:

- 1) The Horry County Broadcasters Association
- 2) The Two Million Dollar "Funding Solutions" Campaign (*serves as the promotional and distribution platforms for the PC Debit Card*). The PC Debit Card ("PC" is abbreviated for *The Perfect Connection Debit Card*)

The two parties agree to partner and work together through the above projects realizing and understanding that this project has a primary purpose of servicing and strengthening the community economically by funding and providing development services for local small businesses and nonprofits. Both parties will operate and carryout all activities with the highest level of integrity, excellence, and fairness for all in the community.

All parties are bound by the Articles and the bylaws set forth by the PC Debit Card LLC and Action Speaks Inc.

Applicants meeting the eligibility standards and qualifications will be able to serve this position (*see the PC Debit Card Information and qualifications information*).

PAYMENTS and SERVICES:

For your payment of _____ on the date of ____/____/____, You or your appointee (name) _____ will serve as a _____

_____ BROADCASTERS are required to perform the _____ Network Service Provider's roles and responsibilities outlined in the _____ "NSP" Information Summary and your final contract in order to receive the PC Debit Card _____ Service Provider benefits and contracts outlined (*see your full contract for all details*):

Starting on the date of ____/____/____ and ending or renewing on the date of ____/____/____.

Services or Products to be provided by your organization:

1. _____
2. _____

Your organization to receive the following (also see invoice for details):

(see full contract for complete details)

This MOU Summary serves as the official and legal document that will allow both parties to assemble their teams, strategies, accounts and resources during the in-term as all information is being compiled for the final contract.

Notarized Signature Page

BOTH PARTIES AGREE TO THE ABOVE (Signatures are located below)

This agreement shall be binding upon the parties, and their respective, representatives, executors, successors, and assigns. This agreement supersedes any agreements, arrangements, work-orders verbal or written or any work that has been conducted by or on-behalf of the Carolina Media Arts Center, Action Speaks, The PC Debit Card LLC, the owners, any directors or any of the Media Arts Centers and sites.

State of **South Carolina**

County of **Horry**_____

This record was acknowledged before me on ____/____/____

By

Name

Title

Name

Title

Name

Title

Signature of notarial officer

Stamp/Seal

Title of office_____

My commission expires: ____/____/____

Date of this notice: 01-06-2022

Employer Identification Number:
87-4277746

Form: SS-4

Number of this notice: CP 575 B

CAROLINA MEDIA ARTS CENTER LLC
WARDELL BRANTLEY MSR
1300 CREEK ST APT 29A
CONWAY, SC 29527

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-4277746. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1065

03/15/2022

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, estate, trust, EPCAF, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

The PC Debit Card LLC, a limited liability company duly organized under the laws of the State of South Carolina on August 4th, 2022, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 5th day of August, 2022.


Mark Hammond, Secretary of State

Date of this notice: 08-04-2022

Employer Identification Number:
88-3575196

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at:
1-800-829-4933

PC DEBIT CARD LLC
PC DEBIT CARD
% WARDELL BRANTLEY II MBR
1300 CREEL ST APT 29A
CONWAY, SC 29527

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-3575196. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

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Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. PC DEBIT CARD LLC</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ P</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 1300 Creel Street Suite 29A</p> <p>6 City, state, and ZIP code Conway, South Carolina 29527</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
OR	
Employer identification number	
8 8 - 3 5 7 5 1 9 6	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	<p>Signature of U.S. person ▶ <i>Wardell Brantley</i></p> <p><small>08/15/2022</small></p>	<p>Date ▶ 08/01/2022</p>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Aug 05 2022
REFERENCE ID: 1094610

STATE OF SOUTH CAROLINA
SECRETARY OF STATE



SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

The PC Debit Card LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
1300 Creel Street #29A

(Street Address)

Conway, South Carolina 29527

(City, State, Zip Code)

3. The initial agent for service of process is

Wardell Brantley

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

1300 Creel Street #29A

(Street Address)

Conway

South Carolina 29527

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Wardell Brantley

(Name)

1300 Creel Street #29A

(Street Address)

Conway, South Carolina 29527

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Aug 05 2022

REFERENCE ID: 1094610


SECRETARY OF STATE OF SOUTH CAROLINA

The PC Debit Card LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.



South Carolina Secretary of State *Mark Hammond*

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The PC Debit Card LLC

Corporate Information

Entity Id 01246205

Entity Type Limited Liability Company

Status Good Standing

Domestic/Foreign Domestic

Incorporated State South Carolina

Registered Agent

Agent Wardell Brantley

Address 1300 Creel Street #29A
Conway, South Carolina 29527

Important Dates

Effective Date 08/04/2022

Expiration Date N/A

Term End Date N/A

Dissolved Date N/A