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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TRIAD PROFESSIONAL SERVICES
Account Number : I20160000008
Phone : (850)777-2091
Fax Number : (770)220-1943

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Amaryllis Payment Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	DE 6
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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMARYLLIS PAYMENT SOLUTIONS, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CASSIE A. KRIKELIS, PARALEGAL

Name of Person

SEYFARTH SHAW LLP

Firm/Company

TWO SEAPORT LANE, SUITE 300

Address

BOSTON, MASSACHUSETTS 02210-2028

City/State and Zip code

CKRIKELIS@SEYFARTH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CASSIE A. KRIKELIS, PARALEGAL

at (617) 946-4807

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. AMARYLLIS PAYMENT SOLUTIONS, INC.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Etc.," "Co.," or "Corp.")

AMARYLLIS PAYMENT SOLUTIONS USA, INC.
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. _____
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 21, 2015 5. PERPETUAL
 (Date of incorporation) (Date of duration, if other than perpetual)

6. NOT APPLICABLE
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 515 N. FLAGLER DRIVE, SUITE P-300, WEST PALM BEACH, FLORIDA 33401
 (Principal office address)

 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Interstate Agent Services, LLC

Office Address: 100 SE 2nd Street, Suite 2000 #209
Miami, Florida 33131
 (City) (Zip code)

9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Interstate Agent Services, LLI

By: 
 (Registered Agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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 STATE OF FLORIDA
 DEPARTMENT OF STATE

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ORI HAY

Address: 515 N. FLAGLER DRIVE, SUITE P-300, WEST PALM BEACH, FLORIDA 33401

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ORI HAY

Address: 515 N. FLAGLER DRIVE, SUITE P-300, WEST PALM BEACH, FLORIDA 33401

Vice President: _____

Address: _____

Secretary: ORI HAY

Address: 515 N. FLAGLER DRIVE, SUITE P-300, WEST PALM BEACH, FLORIDA 33401

Treasurer: ORI HAY

Address: 515 N. FLAGLER DRIVE, SUITE P-300, WEST PALM BEACH, FLORIDA 33401

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

13. THEODORE D. LUSTIG, ASSISTANT SECRETARY

(Typed or printed name and capacity of person signing application)

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**ADDENDUM TO FLORIDA APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

B. OFFICERS

**ASSISTANT SECRETARY:
ADDRESS:**

**THEODORE D. LUSTIG
C/O SEYFARTH SHAW LLP
TWO SEAPORT LANE
SUITE 300
BOSTON, MASSACHUSETTS 02210-2028**

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Delaware

The First State

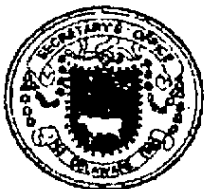
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I, JEFFREY W. HULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMARYLLIS PAYMENT SOLUTIONS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF APRIL, A. D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMARYLLIS PAYMENT SOLUTIONS INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF MAY, A. D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Handwritten signature of Jeffrey W. Hullock, Secretary of State, with a horizontal line underneath.

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SR# 20192754219

You may verify this certificate online at corp.delaware.gov/authver.shtm

Authentication: 202624316

Date: 04-11-19

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