# M13000003154

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
(611)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE

B. BOSTICK
MAY 2 0 2013
EXAMINER

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### **COVER LETTER**

TO: Registration Section Division of Corporations			
- SUBJE	cr. PrepaidWorx		

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Shannor	n Bing				
	Na	ame of Person		<del></del>	
Prepaid\	Norx, LLC				
<del> </del>	Fi	rm/Company			
2057 Fle	etcher Creel	c Drive			
		Address	<del> </del>	_	
Memphi	s, TN 38133	3			
	City/Si	ate and Zip Code			
	repaidworx				
E	-mail address: (to be used	for future annual report no	tification)		
For further information concerning to	this matter, please call:		17	21	
Shannon Bi	ng	_ <sub>at</sub> 901 _ 415	5-1737 E	2013 MAY	-4-6
Name of	Person Area	a Code & Daytime Telephor	ne Number		<u> </u>
MAILING ADDRESS: Division of Corporations	Divisio	ET ADDRESS: n of Corporations		₹ -1	
Registration Section P.O. Box 6327		ation Section Building		AK II: 09	
Taliahassee, FL 32314		xecutive Center Circle ssee, FL 32301	2102	09	
Enclosed is a check for the following Fee I	llowing amount: ☐ \$130.00 Filing Fee &	■ \$155.00 Filing Fee &	□ \$160.00 Filing Fee	e, Certificat	te
<b>.</b>	Certificate of Status	Certified Conv	of Status & Certif		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  1 PrepaidWorx, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company	," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floconsent of the managers or managing members adopting the alternate name. The alternate name Company," "L.L.C," "LLC.")	
2. Tennessee 3.	
2. (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, i	f applicable)
<sub>4.</sub> 04/17/2009 <sub>5.</sub> perpetual	
(Date of Organization) (Duration: Year limited lia exist or "perpetual")	ibility company will cease to
6.	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 2057 Fletcher Creek Drive	
Memphis, TN 38133	
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	20131 SEC TALL
9. The name and usual business addresses of the managing members or manage	ers are as follows:
2057 Fletcher Creek Drive	SSEE T
Memphis, TN 38133	
	. <b>09</b>
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate under oath of the translator must be submitted.)	<u> </u>
11. Nature of business or purposes to be conducted or promoted in Florida:	
Point of Sale Platform	
Signature of a member or an authorized representative of	a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes	an affirmation under the
penalties of perjury that the facts stated herein are true. I am aware that any false info document to the Department of State constitutes a third degree felony as provide	

Typed or printed name of signee

**Danny Michael** 

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name o	f the Limited Liability Company is:		
Prepaid\	Worx, LLC		
lf unavailable,	the alternate to be used in the state of Florida is:		
2. The name a	nd the Florida street address of the registered agent and	l office are:	_
	Incorp Services Inc.	2013 MAY 17 SECRETARY TALLAHASS	
	(Name)	CRE	En. 1844
	17888 67th Court North	m	£ . 5
	Florida Street Address (P.O. Box NOT ACCEPTA	BLE)	ŢĨ
	Loxahatchee <sub>FL</sub> 33470	PLE)  OF STATE LORIDS	J
	City/State/Zip	•	

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



### STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

PREPAIDWORX LLC

2057 FLETCHER CREEK MEMPHIS. TN 38133

May 9, 2013

Request Type: Certificate of Existence/Authorization

Request #:

0096856

Issuance Date: 05/09/2013

Copies Requested:

Document Receipt

Receipt #: 1049356

Filing Fee:

\$22.25

Payment-Credit Card - TennesseeAnytime Online Payment #: 150278479

\$22.25

Regarding:

PREPAIDWORX, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 04/17/2009

Status:

Active

**Duration Term:** 

Perpetual

**Business County: SHELBY COUNTY** 

Control #: :

600661

Date Formed:

04/17/2009

Formation Locale: TENNESSEE

Inactive Date:

#### **CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### PREPAIDWORX, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial has not been filed.

> Tre Hargett Secretary of State

Verification #: 003006814

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