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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

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

Email Address: filings@delawareinc.com

**Foreign Limited Liability Company
Payment Virtual Mobile Solutions LLC**

Certificate of Status	1
Certified Copy	0
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2017 JUN -1 PM 12:17
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Payment Virtual Mobile Solutions LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 61-1832077

(FBI number, if applicable)

4. May 30, 2017

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____

(Street Address of Principal Office)

2 Calle 16-38 z. 15 Apt. A

Col. El Maestro, Guatemala, C.A

6. c/o Hugo Mena

(Mailing Address)

18851 N.E. 29th Ave. Suite 700 PMB 363

Aventura FL, 33180

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

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr., STE 150A

Tampa

(City)

Florida 33607

(Zip code)

Registered agent's acceptance:

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 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.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Member

Hugo Alejandro Mena Peralta

Member

Gumercindo Eladio Velasquez Godinez

2 Calle 16-38 z. 15 Apt. A

2 Calle 16-38 z. 15 Apt. A

Col. El Maestro, Guatemala, C.A

Col. El Maestro, Guatemala, C.A

Member

Gustavo Alfredo Silva Rodriguez

2 Calle 16-38 z. 15 Apt. A

Col. El Maestro, Guatemala, C.A

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

(Signature of an authorized person)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Hugo Alejandro Mena Peralta

(Typed or printed name of signer)

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TALLAHASSEE, FLORIDA
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Delaware

The First State

Page1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAYMENT VIRTUAL MOBILE SOLUTIONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAYMENT VIRTUAL MOBILE SOLUTIONS LLC" WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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TALLAHASSEE, FLORIDA



6364117 8300

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