

**MR80 000 11641**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

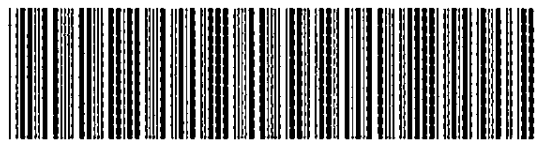
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*WISSOURI INCORP*

*name: COS*

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**FILE**

2018 DEC 21 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*UCS  
12-27-18*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 555295 7950209  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 125.00

ORDER DATE : December 21, 2018  
ORDER TIME : 10:29 AM  
ORDER NO. : 555295-035  
CUSTOMER NO: 7950209

FOREIGN FILINGS

NAME: NEWTEK MERCHANT SOLUTIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX        PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Newtek Merchant Solutions, LLC  
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:

Leah Sanders  
Name of Person

Newtek Business Services Corp.  
Firm/Company

1981 Marcus Ave., Ste. 130  
Address

Lake Success, NY 11042  
City/State and Zip Code

lsanders@newtekone.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leah Sanders at ( 212 ) 356-9539  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. Newtek Merchant Solutions, 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 Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York (Jurisdiction under the law of which foreign limited liability company is organized)      3. 39-2029663 (FEI number, if applicable)

4. 07/30/2018  
(Date first transacted business in Florida, if prior to registration.)  
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6737 W. Washington Street (Street Address of Principal Office)  
West Allis, WI 53214

6. 6737 W. Washington Street (Mailing Address)  
West Allis, WI 53214

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

Name: Corporation Service Company

Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

2018 DEC 21 AM 9:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**FILED**

**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.*

By: Roxanne Turner (Registered agent's signature)      Roxanne Turner  
Corporation Service Company      Asst. Vice President

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CEO, Chairman &amp; Sec</u>	<u>Barry Sloane</u> <u>1981 Marcus Ave., Ste. 130</u> <u>Lake Success, NY 11042</u>	<u>Chief Credit Officer</u>	<u>Michael Campbell</u> <u>1981 Marcus Ave., Ste. 130</u> <u>Lake Success, NY 11042</u>
<u>Assistant Secretary</u>	<u>Michael Schwartz</u> <u>1981 Marcus Ave., Ste. 130</u> <u>Lake Success, NY 11042</u>		

(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)

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.

Barry Sloane Signature of an authorized person  
Barry Sloane Typed or printed name of signee

**State of New York  
Department of State } ss:**

*I hereby certify, that UNIVERSAL PROCESSING SERVICES OF WISCONSIN LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/21/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department.*

*A Certificate of Amendment UNIVERSAL PROCESSING SERVICES OF WISCONSIN LLC, changing its name to NEWTEK MERCHANT SOLUTIONS, LLC, was filed 12/19/2018.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 20th day of December  
two thousand and eighteen.*

A handwritten signature in black ink, appearing to read "Whitney Clark".

Whitney Clark  
Deputy Secretary of State