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PICK-UP WAIT MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

117

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: American Payment Source, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

| | |
|--|---|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: Leon Adelstone

Name (Printed or typed)

14801 Briar Way

Address

Tampa FL 33613

City, State & Zip

813-264-7827

Daytime Telephone number

UncleLeon@aol.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME American Payment Source, Inc
The name of the corporation shall be:

FILED

ARTICLE II PRINCIPAL OFFICE
Principal street address
6105 Memorial Blvd.
Suite F
Tampa FL 33615

Mailing address, if different is:
14801 Briar Way
Tampa FL 33613
12 MAR 30 PM 1:11
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
to provide merchant services, credit card processing, etc. for businesses.

ARTICLE III A EFFECTIVE DATE:
The effective date of the corporation shall be April 2, 2012

ARTICLE IV SHARES
The number of shares of stock is: 20,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason Rosa, President Name and Title: Leon Adelstone, Chairman
Address: 13281 Key Largo Drive Address: 14801 Briar Way
Tampa FL 33612 Tampa FL 33613

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Leon Adelstone
Address: 14801 Briar Way
Tampa FL 33613

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leon Adelstone
Address: 14801 Briar Way
Tampa FL 33613

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3-27-2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

3-27-2012
Date