

**B08000000230**

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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(((H08000233156 3)))



H080002331563ABC

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## To:

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

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

**FILED**  
08 OCT -9 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Please  
date 10/9/08*

**FLORIDA/FOREIGN LP/LLLP****Payment Transaction Solutions, LP**

Certificate of Status	0
Certified Copy	0
Page Count	96 <b>7</b>
Estimated Charge	\$1,000.00

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TALLAHASSEE, FLORIDA

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October 10, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION

SUBJECT: PAYMENT TRANSACTION SOLUTIONS ,LP  
REF: W08000046686

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Neyssa Culligan  
Document Specialist

FAX Aud. #: H08000233156  
Letter Number: 808A00053318

⊗ Please date  
10/9/08

FILED

08 OCT -9 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. PAYMENT TRANSACTION SOLUTIONS, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

N/A

(If name unavailable, name under which the limited partnership or limited liability limited partnership  
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. TENNESSEE

(State or Country of Formation)

3. 12/31/2004

(Date of Formation)

4. C T Corporation System

(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road, Plantation, Florida 33324

(Florida street address for Registered Agent)

6. 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.

C T Corporation System

By: Carol Record, Asst Secy

Signature of Registered Agent

7. 1727 KIRBY PKWY - STE 103

(Principal office address)

MEMPHIS, TN 38120

8. If limited partnership is a limited liability limited partnership, check box ☐

9. 11857 COMMONWEALTH DRIVE

(Mailing address)

LOUISVILLE, KY 40299-2310

10. Name, principal office address, and mailing address of each general partner:

PAYMENT ALLIANCE G-P  
(Name) COMPANY INC.

F08-4414

11857 COMMONWEALTH DRIVE

(Street Address)  
LOUISVILLE, KY 40299-2310

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Mailing Address)

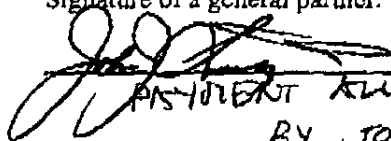
11. Effective date, if other than the date of filing, \_\_\_\_\_.

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

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

Signed this 26th day of AUGUST, 20 08

Signature of a general partner:



ASSISTANT ALLIANCE GP COMPANY, INC.

BY JOHN J. LEEHY, II, PRESIDENT

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

Page 3 of 3

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TALLAHASSEE, FLORIDA

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Payment Transaction Solutions, LP  
Foreign Limited Partnership Application for Registration - Florida

The sole General Partner is :

Payment Alliance GP Company, Inc.  
11857 Commonwealth Drive  
Louisville, KY 40299-2310

**Secretary of State**  
**Division of Business Services**  
**312 Eighth Avenue North**  
**6th Floor, William R. Snodgrass Tower**  
**Nashville, Tennessee 37243**

ISSUANCE DATE: 09/05/2008  
REQUEST NUMBER: 08249109  
TELEPHONE CONTACT: (615) 741-6488

FILE/REGISTRATION DATE: 12/31/2004  
STATUS: ACTIVE  
CONTROL NUMBER: 0484017  
JURISDICTION: TENNESSEE

TO:  
CFS  
8161 HIGHWAY 100  
#172  
NASHVILLE, TN 37221

REQUESTED BY:  
CFS  
8161 HIGHWAY 100  
#172  
NASHVILLE, TN 37221

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT  
-----  
"PAYMENT TRANSACTION SOLUTIONS, L.P."

-----  
IS A LIMITED PARTNERSHIP DULY CREATED UNDER THE LAW OF THIS STATE, WHOSE  
CERTIFICATE OF LIMITED PARTNERSHIP WAS FILED WITH THIS OFFICE ON THE DATE GIVEN  
ABOVE.  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE LIMITED PARTNERSHIP HAVE BEEN PAID AND THAT A CERTIFICATE OF  
CANCELLATION OF LIMITED PARTNERSHIP HAS NOT BEEN FILED.

-----  
FOR: REQUEST FOR CERTIFICATE

ON DATE: 09/05/08

FROM:  
CAPITAL FILING SERVICE (CFS)  
8161 HIGHWAY 100  
#172  
NASHVILLE, TN 37221-0000

	FEES	
RECEIVED:	\$500.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$500.00

RECEIPT NUMBER: 00004471733  
ACCOUNT NUMBER: 00101230



SS-445K

*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE