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IN-PERSON PAYMENTS™
ELECTRONIC PAYMENT SPECIALISTS

April 30, 1998

Florida Department of State
Division of Commercial Recording
PO Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUL 29 AM 11:20

Dear Sir:

Enclosed please find, as per your request the filed application by foreign limited partnership authorization form along with the following fees.

The \$52.50 for the capital contribution, the \$35.00 for the designation of a registered agent along with an additional \$8.75 for a certificate under seal; totaling the enclosed check for \$96.25.

Please send the aforementioned certificate to my attention at the above address.

Thank you for your cooperation and attention in this matter.

Sincerely,

MAM

Marvin A. Morris
President

MAM:km
encl.'s:

Name	MAH
Availability	MAH
Document Examiner	MAH
Updater	MAH
U. P. Verityer	MAH
Acknowledgement	MAH
W. P. Verityer	MAH

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B98-488
6/29/98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 26, 1998

MARVIN A. MORRIS
IN PERSON PAYMENTS
22 RIVERVIEW DRIVE
WAYNE, NJ 07470

Ref. Number: W9800010156

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DIVISION OF CORPORATIONS
98 JUL 29 AM 11:20

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 098A00029313

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. I. P. P., L. P. (D/B/A) IN PERSON PAYMENTS
(Name of limited partnership as it is in the home state)

2. IN PERSON PAYMENTS LIMITED PARTNERSHIP
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. NEW JERSEY 4. JUNE 8, 1994
(State of Formation) (Date of Formation)

5. STEPHEN MURPHY
(Name of Registered Agent for Service of Process)

6. 520 CROWN OAK CENTRE
(Street Address of Registered Office)

LONGWOOD, Florida 32750
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

[Signature]
(Agent must sign on this line)

8. 22 RIVERVIEW DR
WAYNE, NJ 07470
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

<u>IN PERSON PAYMENTS</u>	<u>22 RIVERVIEW DR.</u>
<u>F98000003677</u>	<u>WAYNE, NJ 07470</u>

10. 22 RIVERVIEW DR, WAYNE, NJ 07470
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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12. 22 Riverview Dr.

WAYNE, NJ 07470

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 15TH day of May, 19 98

[Signature] President of IPP
General Partner

STATE OF New Jersey

COUNTY OF PASSAIC

On this 15TH day of MAY, 19 98

personally appeared before me,

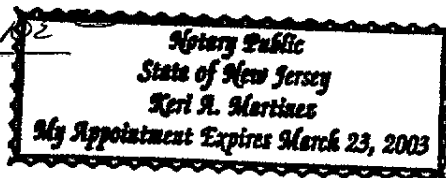
☒ who is personally known to me

☐ whose identity I proved on the basis of _____

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[Signature]
(Notary Public Signature)

KERI A. MARTINEZ
(Notary's Printed Name)



Seal

My Commission Expires: _____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared MARVIN A. MORRIS
a general partner of I. P. P., L.P. (D/B/A) IN PERSON, a (an) NEW JERSEY
PARTNERS
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 400,000.-
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 5,000.-

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 15TH day of MAY, 19 98.

[Signature]
General Partner

PRESIDENT OF IPP, INC

STATE OF NEW JERSEY
COUNTY OF PASSAIC

On this 15TH day of MAY, 19 98,

MARVIN A. MORRIS, personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

KERI A. MARTINEZ
(Notary's Printed Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Seal

My Commission Expires:

3-23-2003

