

F00000004356

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: TeleVend Incorporated
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Cliff Wilson
(Name of Person)

TeleVend, Inc
(Firm/Company)

377 Wilbur Ave Suite 178
(Address)

Swansea, MA 02777
(City/State/Zip)

700003336997--9
-07/26/00--01086--001
***78.75 ***78.75

FILED
00 JUL 26 PM 3:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

W 8/2

Should you need to call someone concerning this matter, please call:

Cliff Wilson at (508) 675-5474
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. Televend Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. MA
(State or country under the law of which it is incorporated)
3. 043268439
(FEI number, if applicable)
4. 4/1/95
(Date of incorporation)
5. "perpetual"
(Duration: Year corp. will cease to exist or "perpetual")
6. "upon qualification"
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 377 Wilbur Ave Suite 178 Swansea MA 02777
(Principal office address)
b. " " " " " " " "
(Current mailing address)
8. Payphone Provider for Internet Kiosk provider
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Andre Remy
Office Address: 1440 Atlanta Dr
Holly Hills, Florida 32117-1304
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

X Andre Remy
(Registered agent's signature)

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

FILED
JUL 26 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
00 JUL 26 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. OFFICERS

President: Cliff Wilson

Address: P.O. Box 77

Fall River, MA 02777

Vice President: Devick Remy

Address: 2 Forge Rd

Assonet, MA 02702

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Cliff Wilson

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Cliff Wilson

(Typed or printed name and capacity of person signing application)



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

June 29, 2000

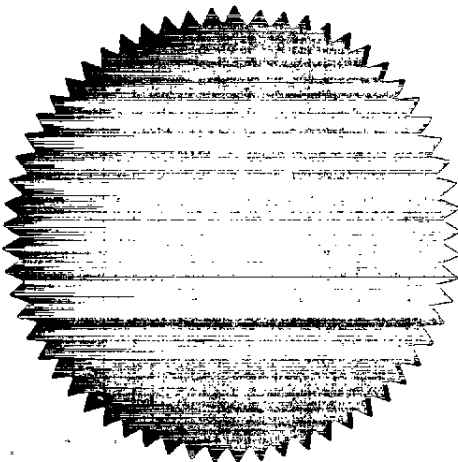
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

TELEVEND, INC,

is a domestic corporation organized on **April 1, 1995**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporations dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

* This is not a tax clearance. Certificates certifying that all taxes due and payable by the corporation have been paid or provided for are issued by the Department of Revenue.

** MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.

FILED
00 JUL 29 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA