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TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: Pay Net, Inc.

(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:

Amy Spurgeon

(Name of Person)

Pay Net, Inc.

(Firm/Company)

9340 E. Central

(Address)

Wichita, KS 67206

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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

Amy Spurgeon

(Name of Person)

at ( 316 ) 631-1500

(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. Pay Net, 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. Kansas 3. 48-1225510  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 12, 2000 5. Perpetual  
(Date of incorporation) (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. 9340 E. Central, Wichita, KS 67206  
(Principal office address)

b. P.O. Box 780600 Wichita, KS 67278-0600  
(Current mailing address)

8. To provide claims processing services for hotels located in Florida from our office in Kansas  
(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)

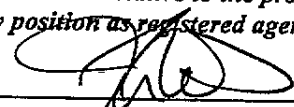
Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

  
(Registered agent's signature)  
J. L. Miles, Assistant Secretary

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.

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

**A. DIRECTORS**

Chairman: Cordley Craig Smith

Address: 8827 Clubside Ct.  
Wichita KS 67206

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Christy Smith

Address: 8827 Clubside Ct.  
Wichita KS 67206

Vice President: David Smith

Address: 12352 E. Lincoln Ct.  
Wichita KS 67207

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. David W. Smith 10/26/00

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

14. David W Smith Vice President

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

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TAMPA FLORIDA



# STATE OF KANSAS

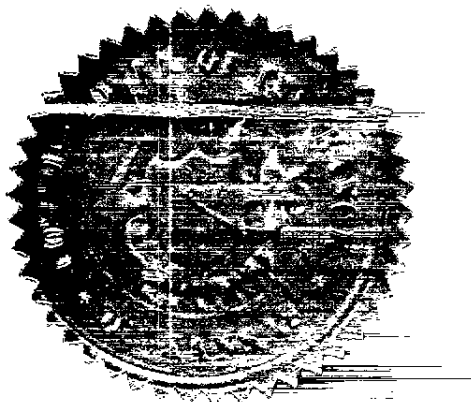
## INSURANCE DEPARTMENT

### CERTIFICATE OF COMPLIANCE

I, KATHLEEN SEBELIUS, Commissioner of Insurance of Kansas, do hereby certify that

PAYNET, INC.

has complied with the requirements of the insurance laws of this state that are applicable to third party administrators and is authorized to transact business in Kansas as a third party administrator until such Certificate of Registration is suspended, revoked or terminated by the Commissioner of Insurance.



IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my official seal. Done at the City of Topeka, this 3rd day of November, 2000.

*Kathleen Sebelius*

\_\_\_\_\_  
Commissioner of Insurance

By \_\_\_\_\_

\_\_\_\_\_  
Assistant Commissioner