FOIL OU OU OU 4752

Division of Corporations	
SUBJECT:Summit Payment, 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:	
Daniel G. Alcorn	
(Name of Person)	
Summit Payment, Inc.	-
(Firm/Company)	·
56 1/2 Merchants Row Suite 301	·
(Address)	-1
Rutland, VT 05701	
(City/State and Zip code)	:
• •	
For further information concerning this matter, please call: 70004528937—-08/10/0101076001 *****78.75 *****78.	1
Daniel G Alcorn at (802) 747-3037	
(Name of Person) (Area Code & Daytime Telephone Number)	
TREET ADDRESS: Registration Section Registration Section Division of Corporations OPE. Gaines St. P.O. Box 6327 Callahassee, FL 32399 Tallahassee, FL 32314	
nclosed is a check for the following amount:	
\$70.00 Filing Fee \$\square\$ \$78.75 Filing Fee & \$\square\$ \$78.75 Filing Fee & \$\square\$ \$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy	

ABPLICATION 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. Summit Payment, Inc.	
(Name of corporation; must include the word "INCORPO	
words or abbreviations of like import in language as will c	learly indicate that it is a corporation instead of a
natural person or partnership if not so contained in the nan	
2. Vermont, USA	3. 03-0365960
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
	3. <u>03-0365960</u> (FEI number, if applicable)
4. March 27, 2000	nernetusi
(Date of incorporation)	(Datation. Teal corp. will cease to exist of perpendicular
6. <u>upon qualification</u>	
(Date first transacted business in Florida. If corporation ha	s not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.	1501, 607.1502 and 817.155, F.S.)
7. 56 1/2 Merchants Row Suite 301 F	201+12nd Vm 05701
(Principal office	address)
•	,
same	· Allera
(Current mailing	; address)
 Credit card processing and finar (Purpose(s) of corporation authorized in home state 	cial_services
(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 age	ent: (P.O. Roy or Mail Drop Roy NOT acceptable)
o. Nume and street address of Fibrida registered age	me. (1.0. box of Mail Drop box 1001 acceptable)
Name: Ross Fleetwood	
	· · · · · · · · · · · · · · · · · · ·
Office Address: 3713 Pinetip Road	
Tallahassee	· Elouido
(City)	, Florida <u>32312</u>
(City)	(Zip code)
10. Registered agent's acceptance:	
	service of process for the above stated corporation at the place
designated in this application, I hereby accept the appl	ointment as registered agent and agree to act in this capacity. I
	tes relative to the proper and complete performance of my
duties, and I am familiar with and accept the obligation	ns of my position as registered agent.
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	·
(Registered agen	t'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.

$12_{\mbox{\tiny L}}$ Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Daniel G. Alcorn	A CONTRACTOR OF THE CONTRACTOR
Address: 49 Kendall Avenue PO Box 1582	
Rutland, Vermont 05701	是是
Vice Chairman:	The same of the sa
Address:	The state of the s
Director: Attorney A. Jeffry Taylor	5m a
Address: One Justice Square	
Rutland, VT 05701	The state of the s
Director: Sandra L. Gardyne	in the second se
Address: 1361 Colonial Drive	
Rutland, VT 05701	
B. OFFICERS	
President: <u>Daniel G. Alcorn</u>	A THE PARTY OF THE
Address: 49 Kendall Avenue PO Box 1582	
Rutland, VT 05701	MEST AND THE STATE OF THE STATE
Vice President: Sandra L. Gardyne	
Address: 1361 Colonial Drive	Transfer 1
Dubland VIII 05501	
Secretary: A. Jeffry Taylor, Esq.	
Address: One Justice Square; Rutland VT 05701	
Treasurer: Daniel G. Alcorn	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing a	• • -
(Signature of Chairman, Vice Chairman, or any officer listed	in number 12 of the application)
	The state of the applications
(Typed or printed name and capacity of person signing	g application)



STATE OF VERMONT OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Deborah L. Markowitz, Secretary of State of the State of Vermont, do hereby certify that act to the records of this office

SUMMIT PAYMENT, INC.

a corporation formed under the laws of the State of Vermont was filed for record in this office on March 27, 2000.

I further certify that the corporation has perpetual duration, that its most recent annual report is on file, and that articles of dissolution have not been filed.

August 8, 2001

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital

Debut Mant

Deborah L. Markowitz Secretary of State