

F01000004504

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: ELECTRONIC PAYMENT SYSTEMS, 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:

NORMAN GOLDBERG 800004547188-7
(Name of Person)
ELECTRONIC PAYMENT SYSTEMS, INC
(Firm/Company)
18527 AVOLET DR
(Address)
LUTZ, FL 33549 800004547188-7
(City/State/Zip) -08/21/01--01058--008
*****70.00 *****70.00

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

NORMAN GOLDBERG at (813) 962-3177
(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

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TALLAHASSEE FLORIDA

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. ELECTRONIC PAYMENT SYSTEMS, 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. OHIO 3. 34-1908266
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11-12-99 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. 18527 AVOCKET DR, LUTZ, FL 33549
(Principal office address)

b. SAME
(Current mailing address)

8. CREDIT CARD 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 agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: NORMAN GOLDBERG

Office Address: 18527 AVOCKET DR

LUTZ, Florida 33549
(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.

(s) Norman Goldberg
(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.

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

A. DIRECTORS

Chairman: NORMAN GOLDBERG

Address: 18527 AVOGET DR
LUTZ, FL 33549

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: NORMAN GOLDBERG

Address: 18527 AVOGET DR
LUTZ, FL 33549

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. (X) Norman J. Goldberg
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. NORMAN GOLDBERG PRESIDENT

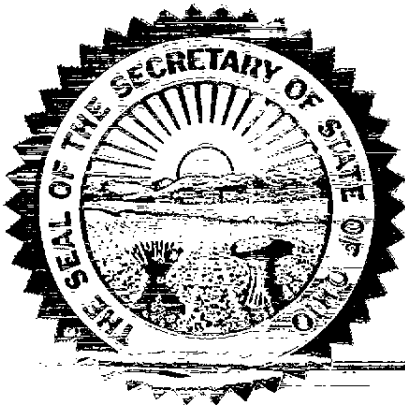
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.

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I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show ELECTRONIC PAYMENT SYSTEMS, INC., an Ohio corporation, Charter No. 1115494, having its principal location in Valley View, County of Cuyahoga, was incorporated on November 12, 1999 and is currently in GOOD STANDING upon the records of this office.



WITNESS my hand and official seal at
Columbus, Ohio on
August 7, 2001

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. Kenneth Blackwell

J. Kenneth Blackwell
Secretary of State