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Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (305) 672-0686
Fax Number : (305) 672-9110

FOREIGN PROFIT QUALIFICATION

ICAN PAYMENT SYSTEMS, INC.

AL

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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**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. iCAN 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. Delaware

(State or country under the law of which it is incorporated)

3. _____

(FBI number, if applicable)

4. April 19, 2002

(Date of Incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon filing this application

(Date first transacted business in Florida. (See Section 607.1501, 607.1502, and 817.155, F.S.)

7. 444 Brickell Avenue Suite 51-411

Miami, FL 33131

(Current mailing address)

8. Purpose of corporation to be carried out in Florida: all activities permitted under applicable law.

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Christopher Nelson
444 Brickell Avenue
Suite 51-411
Miami, FL 33131

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.

By: _____

Christopher Nelson

by S. T. Samuel as attorney-in-fact

Christopher Nelson | FL Bar Member
Christopher Nelson, P.A.
2705 SW 22nd Avenue
Miami FL 33133
305-439-5559

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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. Names and business addresses of officers and/or directors: (Street address ONLY)

A. DIRECTORS

Christopher Nelson
444 Brickell Avenue
Suite 51-411
Miami FL 33131

Bryan Schaffner
444 Brickell Avenue
Suite 51-411
Miami FL 33131

B. OFFICERS

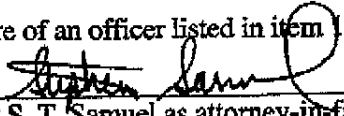
PRESIDENT Christopher Nelson
444 Brickell Avenue
Suite 51-411
Miami FL 33131

SECRETARY

TREASURER

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TALLAHASSEE, FLORIDA

13. Signature of an officer listed in item 12:

By: 
by S. T. Samuel as attorney-in-fact

Name: Christopher Nelson

Title: President

Date: 7/11/2002

Christopher Nelson | FL Bar Member
Christopher Nelson, P.A.
2705 SW 22nd Avenue
Miami FL 33133
305-439-5559

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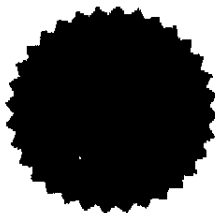
Delaware

The First State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICAN PAYMENT SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JULY, A.D. 2002.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1874481

DATE: 07-09-02