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SECRETA LO DE STATE
TALLARA CIE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: One Pay Incorporated (Name of Corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
Judy Branzelle (Name of Person)
(Name of Person)
Nyvesta (Fin/Company)
(Firm/Company)
(Firm/Company)  6 Taft Ct Suite 301  (Address)
(Address)  Rocky (I MO 20850  (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (30) 762-5270 ex 12)  (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, Certified Copy

# APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

THE STATE OF FLORIDA.	
1. One Pay Incorporated	
1. (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	e import e name at
2. Navyland (State or country under the law of which it is incorporated)  3. FEIN 82 - 0583085 (FEI number, if applicable)	
4. 13103 (Date of Incorporation)  5. Perpetual (Duration: Year corp. will cease to exist or "perpetual	1111)
6	<u> </u>
7. 1680 E. Lude Dr. Rockwile, AD 20850	<u> </u>
	m
To develop, reach, assist and disserning education of mate	<b>U</b> .
Public relating to credit, budgeting it noncial recognized	erial to
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	
	inanc
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: NRAI Services, Inc.	
Office Address: 526 E. Park Avenue	÷ ,
· · · · · · · · · · · · · · · · · · ·	
Tallahassee -, Florida 32301	
(Čity) (Žip 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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this call further agree to comply with the provisions of all statutes relative to the proper and complete performance duties, and I am familiar with and accept the obligations of my position as registered agent.	apacity.
NRAI Services, Inc.	
By: Bigina Clerkin	
(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.

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

A. DIRECTORS	
Chairman: Dennifer Anthony	- · · · · · · · · · · · · · · · · · · ·
Address: 1680 East ande Drive	
Mackaille NO 20850	
Vice Chairman: Erin Frankel Trendler	
Address: 1680 East Gude Drive	
Rockville, MD 20850	· - · · ·
Director: Erika Lindsay	
Address: 1680 East Lude Prive	
lockville MD 20850	SE TALL
Director:	
Address:	
	2% ≩ €
B. OFFICERS	HAR -4 AM II: 00  EDRETUNY OF STATE LLATASSEE, FLORIDA
President: <u>Jennifer Anthony</u>	0
Address: 1680 East auderDr.	
Rockville, MD 20850	
Vice President: Dennifer Anthony	
Address: 1680 Easx lude Or	
Rockille MD 20850	
Secretary: Dennifer Anthony	
Address: 1680 East Lude Dr Ruckville MD 208	50
Treasurer: Dennifer Anthony	
Address: 1680 Eust Gude Dr Rockille MD 2085	0
NOTE: If necessary, you may attach an addendum to the application listing additional officers	
13. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	e application)
14. Jennifee M Anthony (Typed or printed name and capacity of person signing application)	,
(Typed or printed name and capacity of person signing application)	

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

A. DIRECTORS			
Chairman: <u>Senniter Anthony</u>	<del> </del>		
Address: 1680 E Gude Dr.			
Rockville MO 20850	<b>-</b>		
Vice Chairman: Erin Frankel Trendler			
Address: 1680 E ande Dr			_
Rochville MO 20850			
Director: Erika Lindsay	··		
Address: 1680 E hude Dr.			
Rockville, MD 20850			
Director:	TAT MAT	၀	
Address:	돌	**	<u></u>
	(3.5)	<u>.</u>	1
B. OFFICERS	<del>'                                      </del>	<b></b>	D
President: Jennifer Anthony	LORID	==	
Address: 1680 E Gude Dr		00	
Rochville, MD 20850			
Vice President: Jennifer Anthony	<u></u> -		
Address: 1680 E hude Or			
Rockville MO 20850			
Secretary: Jennifer Anthon			
Address: 1680 E hide Dr Ruckille MD 20850			
Treasurer: Jennifer Anthony			
Address: 1680 E hude Dr Ruckville MD 20850			
NOTE: If necessary, you may attach an addendum to the application listing additional officers an	d/or direc	tors.	
13. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ap	plication)	)	<del></del>
14. Jenster M Anthony (Typed or printed name and capacity of person signing application)			
(Typed dr printed name and capacity of person signing application)			-

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### STATE OF MARYLAND

# Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ONEPAY, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 19, 2003.

SEGRETARY OF STATE

SECRETARY OF STATE

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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