F03000004490

(Requestor's Name)		
(Address)		
(Address)		
(iddioss)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Eddiness Endy (varie)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





300022237713

DIVISION OF COKTONATION





ACCOUNT NO.

072100000032

229801

REFERENCE

7386352

COST LIMIT

\$ 70.00

ORDER DATE : September 4, 2003

ORDER TIME : 9:38 AM

ORDER NO. : 229801-070

CUSTOMER NO: 7386352

CUSTOMER: Ms. Virginia Richey

Payment Systems Merchant

Suite 920

1500 University Ave. Montreal, QC H3A3S7

FOREIGN FILINGS

NAME:

PAYMENT SYSTEMS MERCHANT

SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO	n,
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;	
1 PAYMENT SYSTEMS MERCHANT SERVICES, INC.	1
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	O
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.)	-
natural person of partnership it not so contained in the name at presently	g G
2	2
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. February 06, 2003 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.")	z
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. Suite 920, 1500 University Street, Montreal, Quebec, CA H3A 3S7	
(Principal office address)	~*·*
Cuita 020 1500 Maissavaitus Styrat Mantucal Ouches CA H23 257	
Suite 920, 1500 University Street, Montreal, Quebec, CA H3A 3S7 (Current mailing address)	• =
(Carton maning address)	
8. To engage in any act or activity for which corporations may be organized. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	-
(2	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: Corporation Service Company	
Name.	
Office Address: 1201 Hays Street	
Tallahassee Florida 32301	
(City), Florida 32301 (Zip code)	
(2.17 0000)	
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation at the p	
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capac further agree to comply with the provisions of all statutes relative to the proper and complete performance of my	
further agree to comply with the provisions of all statutes retailve to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.	
Corporation Service Company	

(Registered agent's signature)
Ann R. Shilling, Assistant Vice President

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:

A. DIRECTORS	0
Chairman: See attached officers/directors rider	, y ₂ y ₃
Address:	5 5
Vice Chairman:	K
Address:	

Director:	
Address:	
Director:	<u> </u>
Address:	
B. OFFICERS	
President: See attached officers/directors rider	
Address:	
Vice President:	
Address:	
	<u> </u>
Secretary:	
Address:	
Treasurer:	and the second s
Address:	
NOTE: If necessary, you may attach an addendum to the application	n listing additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any offic	er listed in number 12 of the application)
14. LESTER FERNANDES, Secretary	
(Typed or printed name and capacity of person	on signing application)

OFFICER/DIRECTOR RIDER

PAYMENT SYSTEMS MERCHANT SERVICES, INC.

Mark Lachance President 1017 Tumpike Street Suite 32A Canton, MA 02021

Lester Fernandes Secretary 1017 Turnpike Street Suite 32A Canton, MA 02021 OS SER -8 PA 1: 06

Delaware The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATESOF DELAWARE, DO HEREBY CERTIFY "PAYMENT SYSTEMS MERCHANT SERVICES, 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 FOURTH DAY OF SEPTEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAYMENT SYSTEMS MERCHANT SERVICES, INC." WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



AUTHENTICATION: 2616059

DATE: 09-04-03

3622360 8300

030572147