F04000005555

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
1003-38849					

Office Use Only

SEURL LARY OF STATE TALLAHASSEE, FLORIDA



400025484574

12/15/03--01050--004 **70.00

AL



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

FILED 04 JAN 26 AM 11:30 SECRE ARY OF STATE TALLAHASSEE, FLORIDA

December 19, 2003

CATHERINE HALVORSEN 300 LANIDEX PLAZA PARSIPPANY, NJ 07054

SUBJECT: THE GETPAID CORPORATION

Ref. Number: W03000038849

We have received your document for THE GETPAID CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 303A00068106

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

FILED

TRANSMITTAL LETTER OIL IAM

04 JAN 25 AM 11:30

TO: Registration Section Division of Corporations

SEURL FARY OF STATE TALLAHASSEE, FLORIDA

Division of Corporations	IALLAHASSEE. FLO				
SUBJECT: The GetPaid Corporation					
(Name of corporation - must include suffix)					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to r transact business in Florida.					
Please return all correspondence concerning this matter	to the following:				
Catherine Halvorsen					
(Name of	Person)				
The GetPaid Corporation					
(Firm/Company)					
300 Lanidex Plaza					
(Addı	ress)				
Parsippany, NJ 07054					
(City/State a	and Zip code)				
For further information concerning this matter, please call:					
Catherine Halvorsen at (973) 463-1500 ext 113				
(Name of Person) (Area G	Code & Daytime Telephone Number)				
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
\$70.00 Filing Fee \$\square\$ Certificate of Status	S78.75 Filing Fee & S78.75 Filing Fee, Certified Copy Certified Copy Certified Copy				

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING BISINESS IN THE STATE OF FLORIDA.

SECRETARY OF STATE

SECRETARY OF STATE

1.	The GetPaid C	Corporation		TALLAHASSEE, FLURIDA	
		corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED	" "COMPANY," "CORPORATION,"	
,					
((II name unava	ulable in Florida, enter alternate corporate na	une	adopted for the purpose of transacting business in Florida)	
	Delaware		_3.	22-2885721	
(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)	
4.	7/9/03		5.	perpetual	
	(Da	ite of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6.	7/9/03				
(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.)					
7 300 Lanidex Plaza Parsippany, NJ 07054					
_		(Principal office	ado	ress)	
S	Same				
_		(Current mailing	ado	lress)	
8.	Software sales	e(s) of corporation authorized in home state of		1 CEL (4)	
	(Purpose	c(s) or corporation authorized in nome state c	or c	buntry 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:	C T Corporation System		· -	
Off	fice Address:	1200 South Pine Island Road			
		Plantation		FI:1. 33324	
		(City)		, Florida33324(Zip code)	
		, ,,			
		agent's acceptance:	oru	ice of process for the above stated corporation at the place	
				nent as registered agent and agree to act in this capacity. I	
		comply with the provisions of all statute ar with and accept the obligations of my		relative to the proper and complete performance of my duties, sition as registered agent.	
	, ,	C T Corporation System			
By: Skula (lak)					
(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 business addresses of officers and/or directors:

Å. DIRECTORS Chairman: Fred Piumelli -04 JAN 26 -AM 11: 30 -Address: 300 Lanidez Plaza Parsippany, NJ 07054 Vice Chairman: _____ Address: ________ Director: ___ Address: __ Director: ___ Address: ___ **B. OFFICERS** President: Dianna Piumelli Address: 300 Lanidex Plaza Parsippany, NJ 07054 Vice President: Address: _____ Secretary: Dianna Piumelli Address: 300 Lanidex Plaza Parsippany, NJ 07054 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Dianna Piumelli, President & CEO

Delaware PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE GETPAID CORPORATION" 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 FIRST DAY OF NOVEMBER, A.D. 2003.



Warriet Smith Windson Secretary of State

AUTHENTICATION: 2724544

DATE: 11-01-03

3660858 8300

030673453