

# F04000003106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

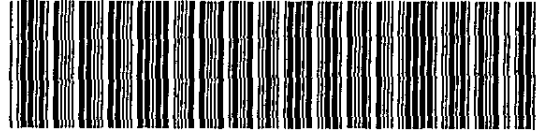
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Payment Plans, 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:

Tammy C. Arrigo

(Name of Person)

McGlinchey Stafford, PLLC

(Firm/Company)

643 Magazine Street

(Address)

New Orleans, LA 70130

(City/State and Zip code)

For further information concerning this matter, please call:

Tammy C. Arrigo

(Name of Person)

at ( 504 ) 596-2821

(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, Certificate of Status & Certified Copy

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 TALLAHASSEE, FL 32314



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 27, 2004

TAMMY C. ARRIGO  
MCGLINCHEY STAFFORD, PLLC  
643 MAGAZINE STREET  
NEW ORLEANS, LA 70130

SUBJECT: PAYMENT PLANS, INC.  
Ref. Number: W04000020574

We have received your document for PAYMENT PLANS, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 304A00037011

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. Payment Plans, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PPI USA

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

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

3. 16-0817807

(FEI number, if applicable)

4. April 24, 1957

(Date of incorporation)

5. perpetual

(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. 2741 Transit Road, Elma, NY 14059

(Principal office address)

2741 Transit Road, Elma, NY 14059

(Current mailing address)

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8. Broker residential mortgages and personal property loans

(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: Walter J. Panfil

Office Address: 8052 Links Way

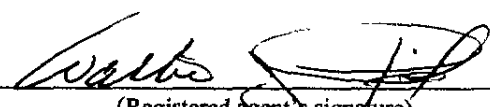
Port St. Lucie, Florida 34986

(City)

(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.

  
(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:

**A. DIRECTORS**

Chairman: **John C. Eckis**  
Address: **2741 Transit Road**  
**Elma, NY 14059-0317**

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: **Richard J. Berthy**  
Address: **77 West Elmwood Dr Suite 301**  
**Dayton, Ohio 45459**

Director: **Walter J. Panfil**  
Address: **8052 Links Way**  
**Port St. Lucie, FL 34986**

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**B. OFFICERS**

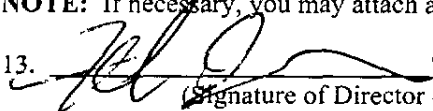
President: **John C. Eckis**  
Address: **2741 Transit Road**  
**Elma, NY 14059-0317**

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: **John C. Eckis**  
Address: **2741 Transit Road, Elma, NY 14059-0317**

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. **John C. Eckis, President, Chairman & Secretary**  
(Typed or printed name and capacity of person signing application)

State of New York } ss:  
Department of State

I hereby certify, that the Certificate of Incorporation of PAYMENT PLANS, INC. was filed on 04/09/1957, fixing the duration as perpetual, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.



\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 28th day of May  
two thousand and four.

A handwritten signature in black ink, appearing to read "Roy A. De...".

Secretary of State

SECRETARY OF STATE  
TAMM HANSEN, FILING

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