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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 : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

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05 DEC 15 PM 2:37

DIVISION OF CORPORATIONS

FOREIGN PROFIT QUALIFICATION

Harbor Payments Corporation

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

05 DEC 15 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12/16/05

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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. Harbor Payments Corporation

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

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

2. Georgia

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

3. 581465707

(FEI number, if applicable)

4. 10/19/1981

(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. 1900 Emory Street NW, 2nd Flr. Atlanta, GA 30318

(Principal office address)

1900 Emory Street NW, 2nd Flr. Atlanta, GA 30318

(Current mailing address)

8. To provide electronic outsourcing for billing, invoicing and disbursement solutions

(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: NRAI Services, Inc.

Office Address: 2731 Executive Park Drive, Suite 4

Weston

(City)

, Florida 33331

(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.

NRAI Services, Inc.

By: Sharon M. Knox

(Registered agent's signature)

Sharon M. Knox, Assistant Secretary

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:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Ann H. Lockhart and Gene Lockhart

Address: One Gorham Island, Westport, CT 06880

Director: Philip Mazzilli

Address: 321 Edwards Brook Lane, Canton, GA 30115

B. OFFICERS

President: Ashish Bahl

Address: 215 South Ocean Grande Drive, Unit # 206 Ponte Vedra Beach, FL 32082

Vice President: _____

Address: _____

Secretary: David Quillian

Address: 787 Woodley Dr. Atlanta, GA 30318

Treasurer: Colin Rogoff

Address: 1341 Mile Post Dr. Atlanta, GA 30338

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. Colin Rogoff Treasurer

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

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Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : J112350
DATE EMC/AUTH/FILED: 10/19/1981
JURISDICTION : GEORGIA
PRINT DATE : 12/06/2005
FORM NUMBER : 211

TRIAD PROFESSIONAL SERVICES
MELISSA BENTON
2050 MARCONI DRIVE
SUITE 150
ALPHARETTA, GA 30005

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

HARBOR PAYMENTS CORPORATION
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20051206183413408



Cathy Cox

Cathy Cox
Secretary of State

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TALLAHASSEE, FLORIDA