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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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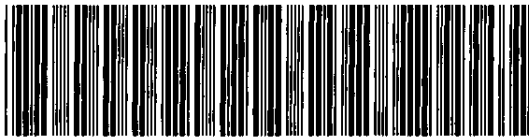
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MONEY CENTERS OF AMERICA, 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:

JASON P. WALSH

(Name of Person)

MONEY CENTERS OF AMERICA, INC.

(Firm/Company)

700 S. HENDERSON ROAD, SUITE 325

(Address)

KING OF PRUSSIA, PA 19406

(City/State and Zip code)

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For further information concerning this matter, please call:

JASON P. WALSH

(Name of Person)

at ( 610 ) 354-8888

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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

JUN. 5.2006 10:45AM MONEY CENTERS

NO.949 P.2

**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. MONEY CENTERS OF AMERICA, INC.**

(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. DELAWARE**

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

**3. 23-2929364**

(FEI number, if applicable)

**4. OCTOBER 10, 1997**

(Date of incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6. NOT YET TRANSACTING BUSINESS IN FLORIDA**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 700 S. HENDERSON ROAD, STE. 325, KING OF PRUSSIA, PA 19406**

(Principal office address)

**700 S. HENDERSON ROAD, STE. 325, KING OF PRUSSIA, PA 19406**

(Current mailing address)

**8. FUNDS TRANSFER SERVICES**

(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 NOT acceptable)**

Name: **INTUICODE GAMING CORPORATION**

Office Address: **6421 CONGRESS AVENUE, SUITE 107**

**BOCA RATON**

(City)

**, Florida 33487**

(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.

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

**A. DIRECTORS**

Chairman: CHRISTOPHER WOLFINGTON

Address: 700 S. HENDERSON ROAD, SUITE 325  
KING OF PRUSSIA, PA 19406

Vice Chairman: N/A

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

Director: WAYNE DIMARCO

Address: 131 EAST CHURCH ROAD  
KING OF PRUSSIA, PA 19406

Director: BARRY BEKKEDAM

Address: 1200 LIBERTY RIDGE DRIVE, SUITE 340  
WAYNE, PA 19087

**B. OFFICERS**

President: CHRISTOPHER WOLFINGTON

Address: 700 S. HENDERSON ROAD, SUITE 325  
KING OF PRUSSIA, PA 19406

Vice President: N/A

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

Secretary: JASON WALSH

Address: 700 S. HENDERSON ROAD, SUITE 325, KING OF PRUSSIA, PA 19406

Treasurer: JASON WALSH

Address: 700 S. HENDERSON ROAD, SUITE 325 KING OF PRUSSIA, PA 19406

**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. JASON P. WALSH, CHIEF FINANCIAL OFFICER

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

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TALLAHASSEE, FLORIDA

# Delaware

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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MONEY CENTERS OF AMERICA, 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 TWENTY-SIXTH DAY OF MAY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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06 JUN 12 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4777339

DATE: 05-26-06