

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

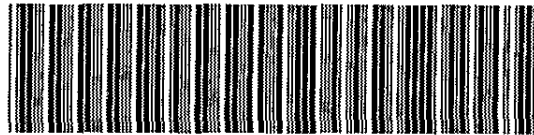
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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9/29/00

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TO: New Filing Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Partner Solutions 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:

Lorraine Sabellico

(Name of Person)

(Firm/Company)

12080 SW 127th Avenue PMB 116
(Address)

Miami, FL 33186
(City/State and Zip code)

For further information concerning this matter, please call:

Lorraine Sabellico at (305) 812-4822

(Name of Person)

(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

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

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

2. Territory of the British Virgin Islands
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 26th 2006 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. _____
(Principal office address)
12080 SW 127th Ave. PMB 116, Miami, FL 33186
(Current mailing address)

8. Sale and Service of Payment Systems
(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: Lorraine Sabellio

Office Address: 13005 SW 115 Ct.
Miami, Florida 33176
(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.

Lorraine Sabellio
(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Lorraine Sabellico

Address: 13005 SW 115 Ct., Miami FL 33176

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

13. Lorraine Sabellico

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

14. Lorraine Sabellico, Director

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

APOSTILLE

(Convention de la Haye du 5 Octobre 1961)

1. Country: Tortola, British Virgin Islands

This public document

2. Has been signed by: Dian DeCastro
3. Acting in the capacity of : Asst. Registrar of Corporate Affairs
4. Bears the seal/stamp of : Registrar of Corporate Affairs

CERTIFIED

5. At: Road Town, Tortola

6. The 30th Aug 2006

7. By **Deputy Governor**

8. No F 88167

9. Seal/stamp:

10. Signature [Signature]
Deputy Governor



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SECRETARY OF STATE
TORTOLA, B.V.I.

TERRITORY OF THE BRITISH VIRGIN ISLANDS
BVI BUSINESS COMPANIES ACT, 2004

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CERTIFICATE OF INCORPORATION (SECTION 7)

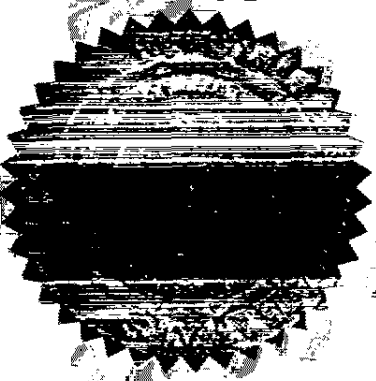
SECRETARY OF STATE
TERRITORY OF THE BRITISH VIRGIN ISLANDS

The Registrar of Corporate Affairs of the British Virgin Islands
HEREBY CERTIFIES, that pursuant to the BVI Business Companies Act, 2004, all the
requirements of the Act in respect of incorporation having been complied with.

Partners Solutions Inc.

BVI COMPANY NUMBER: 1041645

is incorporated in the BRITISH VIRGIN ISLANDS as a BVI BUSINESS COMPANY, this
26th day of July, 2006.



BBC0013

[Signature]
REGISTRAR OF CORPORATE AFFAIRS
26th day of July, 2006