

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000300005 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0381

from:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850) 521-1000 Fax Number : (850)558-1575

FOREIGN PROFIT/NONPROFIT CORPORATION

POINT AND PAY, INCORPORATED

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

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.

	Pay, Incorporated		
(Enter name of co	orporation; must include "INCORPORATI orp," "Inc." "Co." or "Corp.")	ED," "COMPANY," "CORPORATION,"	
	,		
	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in	Florida)
Oregon_		_{3,} 20-5745956	
•	under the law of which it is incorporated)	(FEI number, if applicable)	
October 19		5. perpetual	
	of incorporation)	(Duration: Year corp, will cease to exist or "per	petual")
<u>upon regis</u>			
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
, 20 North L	ake Idylwild Drive, Winter	Haven, FL 33881	
	(Principal office	address)	
same as a	bove		
	(Current mailing	address)	<u> </u>
to engago	in any lought business tro	ado or octivity	
··	in any lawful business, tra	or country to be carried out in state of Florida)	<u></u> ₹
	-	•	SECRETARY PALLAHASSE
. Name and street	et address of Florida registered agent: (
Name:	Corporation Service Con	npany	SEAT
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301	OF STATE
	(City)	(Zip code)	
	(0.0)	(Exp code)	
0. Registered as		(Zip toot)	٠ حد
Having been nam	gent's acceptance: ed as registered agent and to accept so	ervice of process for the above stated corporatio	n at the place
Having been nam lesignated in this	gent's acceptance: ed as registered agent and to accept so application, I hereby accept the appo	ervice of process for the above stated corporatio intment as registered agent and agree to act in t	n at the place his capacity.
Having been nam lesignated in this further agree to c	gent's acceptance: ed as registered agent and to accept so application, I hereby accept the appo	ervice of process for the above stated corporatio intment as registered agent and agree to act in t es relative to the proper and complete performa	n at the place his capacity.
Having been nam designated in this further agree to c	gent's acceptance: ed as registered agent and to accept so application, I hereby accept the appoint comply with the provisions of all statute with and accept the obligations of my Amanda Hadd	ervice of process for the above stated corporatio intment as registered agent and agree to act in t es relative to the proper and complete performa position as registered agent.	n at the place his capacity.
Having been nam lesignated in this further agree to c	gent's acceptance: ed as registered agent and to accept so application, I hereby accept the appo- omply with the provisions of all statute with and accept the obligations of my	ervice of process for the above stated corporatio intment as registered agent and agree to act in t es relative to the proper and complete performa position as registered agent.	n at the place his capacity.

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: Sanjay Khare		
Address: 11950 SW Garden Place	_ 	
Portland, OR 97223	Z _S	30
Vice Chairman:		DEC.
Address:	ASS.	2
	in C	7
Director:	1997 4597	_=
Address:	S A	— f
		_
Director:		
		_
Address:		
		_
B. OFFICERS President: Sanjay Khare		
President: 581/1950 SW Garden Place		_
		_
Portland, OR 97223		-
Vice President:		
Address:		
Sanjay Vhora		_
Secretary: Sanjay Khare 11050 SW Cardon Place Portland, OR 07723		_
Address: 11950 SW Garden Place, Portland, OR 97223		
Treasurer:		
Address:	·	_
NOTE. If we want to see that a side Access to the live of the second of	1	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or of	nrectors.	
(Signature of Director or Officer listed in number 12 of the application)		
Sanjay Khare, President and Secretary		
(Typed or printed name and capacity of person signing application)		_

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

POINT AND PAY, INCORPORATED

was

incorporated

under the Oregon

Business Corporation Act

on

October 19, 2006

and is active on the records of the Corporation Division as of the date of this certificate.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA





In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

You Franchise

December 21, 2006

Come visit us on the internet at http://www.filinginoregon.com FAX (503) 378-4381