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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
•				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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03/12/07--01056--008 **95.00

J. Shivers MAR 19 700'

COVER LETTER

Division of Corpora	tions			
_{SUBJECT:} TimePa	yment Corp.			
	(Name of corpor	ation - must include suffix	x)	
Dear Sir or Madam:				
The enclosed "Application be "Certificate of Existence," a transact business in Florida.				
Please return all corresponde	ence concerning this ma	tter to the following:		
Tracy Walker				
	(Name	e of Person)		
TimePayment Co	orp.			
	(Firm/	(Company)		
10-M Commerce	Way			
Woburn, MA 01	(A 801	ddress)	, SEC TALL,	07 HAR
	(City/Sta	ate and Zip code)	AHA.	# F F F F F F F F F F
For further information conc	erning this matter, pleas	se call:	SSEE, FL	
Tracy Walker	_{at (} 78	1) 994-4800	TAT OR!	
(Name of Person)		ea Code & Daytime Telep	hone Number	
STREET/COURIE New Filing Section Division of Corpora Clifton Building		MAILING A New Filing S Division of C P.O. Box 632	Section Corporations	
2661 Executive Cen Tallahassee, FL 323		Tallahassee,	FL 32314	
Enclosed is a check for the f	ollowing amount:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing F Certificate of Certified Cop	Status &

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.

	ment Corp.	·	
(Enter name of course," "Co.," "Co.," "Co.," "Co.,"	corporation; must include "INCORPORATE forp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
TimePay	ment Corp.		
		ne adopted for the purpose of transacting busin	ness in Florida)
2. Delaware	9	20-0687813	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4, 12-27-20	906	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist of	or "perpetual")
6. 12-27-20	06		
,		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
7, 10-M Cor	mmerce Way, Woburn, N	/A 01801	
	(Principal office ad	ldress)	
10-M Cor	nmerce Way, Woburn, N	//A 01801	
	(Current mailing ac	ldress)	
_{8.} Small eq	uipment leasing & financ	ing	O7
(Purpose(s) of corporation authorized in home state or	country to be carried out in state of Florida)	CRE AR T
9. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	ASS
Name:	Angell Corporate Service	s, lac.	PEC. F
Office Address:	Angell Corporate Service Go Edwards Angell Palme One Nov He Clematio Street	et Suite 400	STA:
	West Palm Beach (City)	, Florida	9 TEA
	(City)	(Zip code)	
Having been nam designated in this further agree to co and I am familiar	application, I hereby accept the appoint	vice of process for the above stated corpo tment as registered agent and agree to ac relative to the proper and complete perfo osition as registered agent. C., a flovida Corpovation	et in this capacity. I
	· •	a	

(Registered agent's signature)

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

A. DIRECTORS					
Chairman: Richard Latour					
Address: 10-M Commerce Way, Woburn, MA 01801					
Vice Chairman: Peter Bleyleben					
Address: 10-M Commerce Way, Woburn, MA 01801					
Director: Brian Boyle					
Address: 10-M Commerce Way, Woburn, MA 01801	· · · · · · · · · · · · · · · · · · ·				
Director: Torrence Harder					
Address: 10-M Commerce Way, Woburn, MA 01801					
B. OFFICERS					
President: Richard Latour	·= -				
Address: 10-M Commerce Way, Woburn, MA 01801	SECONOMIC NAME OF THE PARTY OF				
	R F I				
Vice President: James Jackson	SET I				
Address: 10-M Commerce Way, Woburn, MA 01801	F S I				
	19 ATE RIDA				
Secretary: Richard Latour					
Address: 10-M Commerce Way, Woburn, MA 01801					
Treasurer: Richard Latour					
Address: 10-M Commerce Way, Woburn, MA 01801					
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.					
(Signature of Director or Officer listed in number 12 of the application)					
James Jackson VP / CFO					

· • 5 ,

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



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE
LIMITED LIABILITY COMPANY UNDER THE NAME OF "TIMEPAYMENT CORP.

LLC" TO A DELAWARE CORPORATION, CHANGING ITS NAME FROM
"TIMEPAYMENT CORP. LLC" TO "TIMEPAYMENT CORP.", FILED IN THIS
OFFICE ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2006, AT 1:18
O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

3733929 8100V 061189897 arriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5310923

DATE: 12-27-06