

F08000004087

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

784  
\$1,150.00  
W08-40967



900135078939

09/02/08--01021--009 \*\*70.00

09/19/08--01003--017 \*\*1150.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP 19 PM 2:30

9/19/08

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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## COVER LETTER

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

**SUBJECT:** PEAK CARD SERVICES, 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:

RONALD L. ZEHNDER, CONTROLLER

(Name of Person)

PAYMENT ALLIANCE INTERNATIONAL

(Firm/Company)

11857 COMMONWEALTH DRIVE

(Address)

LOUISVILLE, KY 40299-2310

(City/State and Zip code)

For further information concerning this matter, please call:

RONALD L. ZEHNDER at ( 502 ) 212-4034

(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



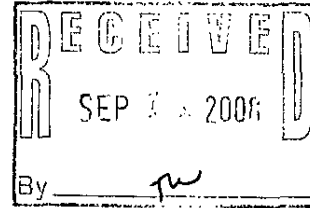
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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September 4, 2008

RONALD L. ZEHNDER  
11857 COMMONWEALTH DRIVE  
LOUISVILLE, KY 40299-2310



SUBJECT: PEAK CARD SERVICES, INC.  
Ref. Number: W08000040967

We have received your document for PEAK CARD SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 508A00048665

RECEIVED

08 SEP 19 AM 8:00

RECEIVED BY SECRETARY OF STATE

**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. **PEAK CARD SERVICES, INC.**

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

**NA**

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

2. **COLORADO**

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

3. **84-1224276**

(FEI number, if applicable)

4. **1/29/2003**

(Date of incorporation)

5. **PERPETUAL**

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

6. **1/1/2007**

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

7. **115 E. MAIN ST. # 2-6, FLORENCE, CO, 81226**

(Principal office address)

**SAME ADDRESS**

(Current mailing address)

8. **BANKCARD SALES AND SERVICE**

(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: **CT CORPORATION**

Office Address: **1200 SOUTH PINE ISLAND RD**

**PLANTATION**

(City)

, Florida **33324**

(Zip code)

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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.*

Carol Record - Asst Secy CT Corporation

(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.

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

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**A. DIRECTORS**

Chairman: JOHN J. LEEHY, III

Address: 11857 COMMONWEALTH DRIVE  
LOUISVILLE, KY 40299-2310

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: JOHN J. LEEHY, III

Address: 11857 COMMONWEALTH DRIVE  
LOUISVILLE, KY 40299-2310

Vice President: \_\_\_\_\_

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

Secretary: BARBARA S. HOEHN

Address: 115 E. MAIN ST. # 2-6, FLORENCE, CO, 81226

Treasurer: \_\_\_\_\_

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

**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. JOHN J. LEEHY, III, PRESIDENT

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

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that,  
according to the records of this office,

PEAK CARD SERVICES, INC.

is a  
Corporation

formed or registered on 01/29/1993 under the law of Colorado, has complied with all applicable  
requirements of this office, and is in good standing with this office. This entity has been  
assigned entity identification number 19931010169 .

This certificate reflects facts established or disclosed by documents delivered to this office on  
paper through 08/14/2008 that have been posted, and by documents delivered to this office  
electronically through 08/19/2008 @ 12:37:26 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed,  
authenticated, issued, delivered and communicated this official certificate at Denver, Colorado  
on 08/19/2008 @ 12:37:26 pursuant to and in accordance with applicable law. This certificate is  
assigned Confirmation Number 7161577 .



Secretary of State of the State of Colorado

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\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."*