F1000000014

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	<i>></i> #)
PICK-UP	MAIT WAIT	MAIL
(Ве	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Kally Fa AUTHORIZATION CORRECT CON CATE DI OH	_	,GXV.

Office Use Only

505-6540-647 WO9-55899



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12/14/09--01011--006 **70.00

12/30/09--01002--006 **650.00

2010 JAN -4 PH 4: 21

ct 1/4/10

COVER LETTER

TO: New Filing Section Division of Corp.	orations				,
subject: <u>VS</u>	Payment Warne of corpor	ration - must include suffix)	levada (Corp	<u>brati</u>
Dear Sir or Madam:					
	," and check are submitted	for Authorization to Transacto register the above referen			
Please return all correspo	ondence concerning this ma	atter to the following:			
	Tom McC	arley			
	(Nam	e of Person)			
V	A Paymen	t Systems			
	J (Firm	/Company)	. ^		
	3465 . Cutte	t Systems Company) en Rd, Suit	e 14		
•	(<i>P</i>	Address)			
	Houston T	x 77069			
	(City/St	ate and Zip code)			
For further information of	oncerning this matter, plea	se call:			
Kathy 1	Rafael at 65	rea Code & Daytime Teleph	402	22	SINIC
(Name of Perso	n) (As	rea Code & Daytime Teleph	one Number)	4- NYF 91:02	CRETAI
STREET/COUNTY New Filing Sect Division of Corp. Clifton Building 2661 Executive Tallahassee, FL	orations Center Circle	MAILING A New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	4 PH 4: 24	567500000 84.0b.2177 56.500000
Enclosed is a check for t	he following amount:				
\$ \$70.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	□\$87.50 Fili Certificat	e of Sta	•



SECRETARY OF SMALL DIVISION OF COPPORT

2010 JAN -4 PM 4: 24

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2009

TOM MCCARLEY 13455 CUTTEN ROAD SUITE 1A HOUSTON, TX 77069

SUBJECT: USA PAYMENT SYSTEMS

Ref. Number: W09000055899

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

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 209A00039300

Division of Communitions D.O. DOV 6207 Tollaharana Florida 20214

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STAREGISTER A FOREIGN CORPORATION TO TRANSACT BU	
1. USA Payment Systems, INC.	1
(Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
(If name unavailable in Florida, enter alternate corporate name ac	lopted for the purpose of transacting business in Florida)
2. Nevada 3	77-0444221
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 10/9/1996 5.	Perpetual
-/	(Duration: Year corp. will cease to exist or "perpetual")
6. <u>May 15, 2008</u>	
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	• •
$\mathcal{L}_{\mathcal{L}}$	
7. 13455 Cutten Kd, Ste (Principal office addre	2 1A, Houston, 7x 77069
•	
Same (Current mailing addre	ss)
A	
8. Compay is a Base 1+ Base 11. Finance	al Transaction Processor.
(Purpose(s) of corporation authorized in home state or cou	ntry to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O.	
Name: Corissa Swanson	JAN
home Corissa Swanson	
Office Address: 2121 risher Sland	₩
Miami Beach	, Florida 33109
(City)	(Zip code)
10. Registered agent's acceptance:	·
Having been named as registered agent and to accept service	
designated in this application, I hereby accept the appointme further agree to comply with the provisions of all statutes rel	
and I am familiar with and accept the obligations of my posi	
(arian Su	10.0
	/// <i>/</i> ~>x 1 Y)

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.

(Registered agent's signature)

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

	• • • •	
:		
A. DIRECTO	ors.	FILEU
Chairman Direc	tor Robert Cucinotta	SECRETARY OF STATE
Address:	2121 Fisher Island Dr	2016 JAN -4 PM 4: 24
	Miami Beach FL 33109	
V ice Chairman :	Director Thomas McCa	irley
Address:	9711 Windrush I) _Y 1
	Spring TX 7	17379
Director:	Jerry Mc Carley	
Address.	15 Wincrest Falls	
	Cypress, TX 77429	
Director:	Kavim Maskatiya	
Address:	7244 Fisher Island	Dr
	Miami Beach FL 3	33109
B. OFFICER	s	
President:	Karim Maskatiya	
Address:	7244 Fisher Island Dr	
	Miami Beach FL 3310	
Vice President:	Thomas Mc Carley	Jerry McCarley
Address:	9711 Windrush Dr	15 Winerest Falls
	Spring TX. 77379	Cypress, TX 77429
Secretary:	Robert Cucinotta	
Address:	2121 Fisher Island Dr Mian	ni Beach FL
Treasurer:	Robert Cucinotta	
Address:	2121 Fisher Island Dr N	liami Beach FL
NOTE: Hann	scenic who may attack an addandom to the analysis.	n licting additional affiasm and/andiamen-
	essary, you may attach an addendum to the application	in issing additional officers and/or directors.
13.	(Signature of Director or Officer fisted in num	aber 12 of the application)
14.	THOMAS MCCARLEY	EVP
	(Typed or printed name and capacity of pers	∕ n signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **USA PAYMENT SYSTEMS**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 9, 1996, and is in good standing in this state.

CHAIL OF THE STATE OF THE STATE

Electronic Certificate
Certificate Number: C20091218-0439
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 18, 2009.

ROSS MILLER Secretary of State 2010 JAN-4 PH 4: 24

SECRETARY OF SHALL