

F10000000335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

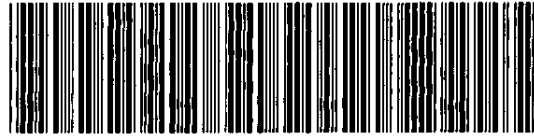
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Per Lisa on 1/22@ 1:20-
Gave permission to correct #6
on application.

Office Use Only



500163767205

01/13/10--01026--003 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JAN 22 PM 1:26

W1-2023

B McKnight JAN 22 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Veracity Payment 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," or "Certificate of Good Standing" 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:

Stephanie Sharp
Name of Person
Veracity Payment Solutions, Inc
Firm/Company
8007 Roberts Dr Suite 200
Address
Atlanta, GA 30338
City/State and Zip code
Stephanie.Sharp@veracitypayments.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Hyde at (404) 492-6604
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. Veracity Payment Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. GA 3. 20-840927
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/6/06 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 8607 Roberts Drive Suite 200 Atlanta, GA 30338
(Principal office address)
" " " " "
(Current mailing address)

8. Sale of financial transaction processing services
(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 System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Dale W. Morris

(Registered agent's signature)

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

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

A. DIRECTORS

Chairman: See attached list

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

^{CFO}
President: Stephanie Sharp

Address: 5169 Goodchild Court

Dunwoody, GA 30338

^{CEO}
Vice President: Joseph Cuhane

Address: 5498 Folly Place

Norcross, GA 30092

^{CIO}
Secretary: Grant Putre

Address: 115 Dove Court, Roswell, GA 30075

Treasurer: _____

Address: _____

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

13. Stephanie Sharp
(Signature of Director or Officer listed in number 12 of the application)

14. Stephanie Sharp, CFO
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE
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Board of Directors Contact List

Ed Grzedzinski

GRZ Partners
840 Foxhollow Run
Alpharetta, GA 30004
Mobile 404-432-6903

Greg Jackson

Blum Capital Partners
909 Montgomery Street
San Francisco, CA 94133
Office 415/434 1111

Joe Cohane

Veracity Payment Solutions
8607 Roberts Drive Ste 200
Atlanta, GA 30338
Office 404/492-6601
Mobile 678/787-1735

Stephanie Sharp

Veracity Payment Solutions
8607 Roberts Drive Ste 200
Atlanta, GA 30338
Office 404/492-6602
Mobile 770/826-6735

Grant Putre

Veracity Payment Solutions
8607 Roberts Drive Ste 200
Atlanta, GA 30338
Office 404/492-6603
Mobile 678/446-0045

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Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
GA t Atlanta, Georgia 30334-1530

DOCKET NUMBER : 091221800
CONTROL NUMBER : 06103645
DATE INC/AUTH/FILED : 12/06/2006
JURISDICTION : GEORGIA
PRINT DATE : 12/21/2009
FORM NUMBER : 211

JOYCE THRASHER KAISER & LISS, LLC
DENISE R. TYLER
FIVE CONCOURSE PKWY NE SUITE 2350
ATLANTA, GA. 30328

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CERTIFICATE OF EXISTENCE

I, Karen C Handel, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

VERACITY PAYMENT SOLUTIONS, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Karen C Handel
Secretary of State