

F10000005260

**Florida Department of State
Division of Corporations
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.

(((H10000258883 3)))



H100002588833ABC2

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)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Cardflex, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

[Electronic Filing Menu](#)
[Corporate Filing Menu](#)
[Help](#)

RECEIVED
10 DEC -2 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
J. Shivers DEC. 03 2010

**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. Cardflex, 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. CA 3. 26-4235966
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 18, 2008 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 11/11/10
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)
7. 2900 Bristol St. F-201, Costa Mesa, Ca, 92626
(Principal office address)

Same
(Current mailing address)
8. Credit Card Processing
(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.

CT Corporation System

By: 

Susan Wheeler
Assistant Secretary

(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.

2010 DEC -2 AM 9:30
TALLAHASSEE, FLORIDA

FILED

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

A. DIRECTORS

Chairman: Andrew Phillips

Address: 2900 Bristol St. F-201, Costa Mesa, Ca, 92626

Vice Chairman: Andrew Phillips

Address: 2900 Bristol St. F-201, Costa Mesa, Ca, 92626

Director: Andrew Phillips

Address: 2900 Bristol St. F-201, Costa Mesa, Ca, 92626

Director: _____

Address: _____

B. OFFICERS

President: Andrew Phillips

Address: 2900 Bristol St. F-201, Costa Mesa, Ca, 92626

Vice President: Andrew Phillips

Address: 2900 Bristol St. F-201, Costa Mesa, Ca, 92626

Secretary: Andrew Phillips

Address: 2900 Bristol St. F-201, Costa Mesa, Ca, 92626

Treasurer: Andrew Phillips

Address: 2900 Bristol St. F-201, Costa Mesa, Ca, 92626

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

13. X

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Andrew Phillips

President

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

FILED
2011 DEC -2 PM 9:31
CLERK OF CIRCUIT COURT
TALLAHASSEE FLORIDA

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

CARDFLEX, INC.

FILE NUMBER: C3168816
FORMATION DATE: 11/18/2008
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

FILED
2010 DEC -2 AM 9:30
TALLAHASSEE, FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of December 01, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State