

F 11000003150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

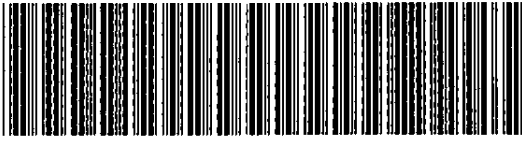
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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REC-33
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 AUG -3 PM 12:48

8/4/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Pay Store, 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:

Ashley Allen

Name of Person

The Pay Store, Inc.

Firm/Company

One Allied Drive

Address

Trevoze, PA 19053

City/State and Zip code

ashley.allen@ncbi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Allen

Name of Person

at (855) 729 1100

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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. The Pay Store, 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. Pennsylvania 3. 27 445 6187
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/3/2011 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. One Allied Drive, Trevese, PA 19053
(Principal office address)

One Allied Drive, Trevese, PA 19053
(Current mailing address)

8. Payment 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)

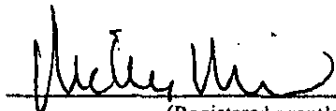
Name: CT Corporation System

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.


Michele Miller
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.

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

A. DIRECTORS

Chairman: Rick Silver

Address: One Allied Drive
Trevose, PA 19053

Vice Chairman: _____

Address: _____

Director: Brett Silver

Address: One Allied Drive, Trevose, PA 19053

Director: _____

Address: _____

B. OFFICERS

President: Rick Silver

Address: One Allied Drive
Trevose, PA 19053

Vice President: _____

Address: _____

Secretary: Brett Silver

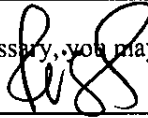
Address: One Allied Drive, Trevose, PA 19053

Treasurer: Brett Silver

Address: One Allied Drive, Trevose, PA 19053

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

13. _____



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. Rick Silver, President

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

SECRETARY OF STATE
DIVISION OF CORPORATION

2011 AUG -3 PM 12:44

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2011 AUG -3 PM 12:44

AUGUST 1, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

THE PAY STORE, INC.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Certificate of Good Standing shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Carol Aichele

Secretary of the Commonwealth