

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.

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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 : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 28 PM 12:53

\*\*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  
CENTRAL PAYMENT DEPLOYMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	068 9
Estimated Charge	\$70.00

\*RE-SUBMIT\*

Please retain original filing date of submission

Electronic Filing Menu Corporate Filing Menu

2/28

Ps 3/6/13



March 4, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: CENTRAL PAYMENT DEPLOYMENT, INC.  
REF: W13000012729

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please note that if this qualification is filed giving the original date of submission of 12/19/12 that an annual report will be due by May 1, 2013. I was unable to contact your office by phone from the number given on the electronic cover sheet.

Please return 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) 245-6052.

Pamela Smith  
Regulatory Specialist II

FAX Aud. #: H12000296784  
Letter Number: 113A00005072

**\*RE-SUBMIT\***

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date of submission **2/28**

P.O. BOX 6327 - Tallahassee, Florida 32314



March 1, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: CENTRAL PAYMENT DEPLOYMENT, INC.  
REF: W13000012419

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H12000296784  
Letter Number: 713A00004967

**\*RE-SUBMIT\***

Please retain original filing  
date of submission ~~12/19~~

**2/28**

P.O BOX 6327 - Tallahassee, Florida 32314



December 20, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: CENTRAL PAYMENT DEPLOYMENT, INC.  
REF: W12000062880

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person signing on numbers 13 and 14 must be listed on number 12.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H12000296784  
Letter Number: 012A00030048

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 12/11

2/28

P.O BOX 6327 - Tallahassee, Florida 32314

## COVER LETTER

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

**SUBJECT:** Central Payment Deployment, 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:

Eric La Forge

Name of Person

Total System Services, Inc.

Firm/Company

One TSYS Way

Address

Columbus, GA 31902-2506

City/State and Zip code

elaforge@tsys.com

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

For further information concerning this matter, please call:

at ( )

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. Central Payment Deployment, 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. Delaware 3. 45-3635204  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/29/2012 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. 3070 Kerner Blvd. Suite C, E & P, San Rafael, CA 94901  
(Principal office address)  
One TSYS Way, Columbus, GA 31902  
(Current mailing address)

8. to license and sell point of sale terminals to facilitate credit card transactions.  
(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.*

By: CT Corporation System Connie Bryan  
Connie Bryan  
(Registered agent's signature) Assistant Secretary

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 ATTACHMENT

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

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

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

Director: Mark Pyke

Address: 3070 Kerner Blvd. Suite C, E & P

San Rafael, CA 94901

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

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

B. OFFICERS

President: Mark Pyke

Address: 3070 Kerner Blvd. Suite C, E & P

San Rafael, CA 94901

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

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

Secretary: Kathy Moates

Address: 3070 Kerner Blvd. Suite C, E & P San Rafael, CA 94901

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

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

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

13. Kathy Moates Secretary  
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. Kathy Moates

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

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**Attachment to Florida  
Officers & Directors**

1	Full Name:	Garilou Pare
	Officer/Director:	Officer
	Officer's Title:	Assistant Secretary
	Director's Title:	
	Business Address:	3070 Kerner Blvd. Suite C, E & P
	City:	San Rafael
	State:	CA
	ZIP Code:	94901
2	Full Name:	Eric La Forge
	Officer/Director:	Officer
	Officer's Title:	Tax Director
	Director's Title:	
	Business Address:	One TSYS Way
	City:	Columbus
	State:	GA
	ZIP Code:	31902
3	Full Name:	Jim Lipham
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	3070 Kerner Blvd. Suite C, E & P
	City:	San Rafael
	State:	CA
	ZIP Code:	94901

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTRAL PAYMENT DEPLOYMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF DECEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0069430

DATE: 12-14-12