

F130000003518

(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



800250164058

08/13/13--01028--002 **70.00

13 AUG 13 PM 1:25
DIVISION OF CORPORATIONS
SECRETARY OF STATE

8/16

[Signature]



IMPROVING YOUR **BILLING**
IMPROVING YOUR **BUSINESS**

100 American Metro Blvd., Suite 150
Hamilton, NJ 08619

Phone: 609-235-1010

Fax: 609-235-1011

www.Billtrust.com

August 12, 2013

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

To Whom It May Concern:

Please accept our application to register as a foreign profit corporation to transact business in Florida.

**If I may please request to expedite this request, at your earliest convenience.
I would like to obtain a certificate by next Monday, 08/19/2013.**

Please do let me know if this is possible. I would appreciate any and all assistance.

Please contact me at egerould@billtrust.com or my direct phone number below.

Regards,

A handwritten signature in black ink, appearing to read "Elizabeth Gerould". The signature is fluid and cursive, with the first name "Elizabeth" and last name "Gerould" clearly distinguishable.

Elizabeth Gerould
Controller
609-235-0856

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FACTOR SYSTEMS, INC dba BILLTRUST

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:

ELIZABETH GEROULD

Name of Person

FACTOR SYSTEMS, INC

Firm/Company

100 AMERICAN METRO BLVD., SUTIE 150

Address

HAMILTON, NJ 08619

City/State and Zip code

accounting@billtrust.com

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

For further information concerning this matter, please call:

ELIZABETH GEROULD at (609) 235-1010

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. FACTOR SYSTEMS, 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**

(State or country under the law of which it is incorporated)

3. **22-3826031**

(FEI number, if applicable)

4. **09/04/2001**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **N/A**

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

7. **100 AMERICAN METRO BLVD., SUITE 150, HAMILTON, NJ 08619**

(Principal office address)

(Current mailing address)

8. OUTSOURCED BILLING AND PAYMENTS

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: Lament W. Jones

(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.

13 AUG 13 PM 1:05
DIVISION OF STATE RECORDS

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

A. DIRECTORS

Chairman: CHRIS SUGDEN

Address: 100 AMERICAN METRO BLVD., SUITE 150
HAMILTON, NJ 08619

Vice Chairman: MATT HARRIS

Address: 100 AMERICAN METRO BLVD., SUITE 150
HAMILTON, NJ 08619

Director: RON AVERETT

Address: 100 AMERICAN METRO BLVD., SUITE 150
HAMILTON, NJ 08619

Director: _____

Address: _____

B. OFFICERS

President: FLINT LANE

Address: 100 AMERICAN METRO BLVD., SUITE 150
HAMILTON, NJ 08619

Vice President: JAMES EICHMANN

Address: 100 AMERICAN METRO BLVD., SUITE 150
HAMILTON, NJ 08619

Secretary: EDWARD JORDAN

Address: 100 AMERICAN METRO BLVD., SUITE 150, HAMILTON, NJ 08619

Treasurer: _____

Address: _____

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. ED JORDAN, CFO / SECRETARY

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

13 AUG 13 PM 1:25

DIVISION OF CORPORATIONS

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FACTOR SYSTEMS, 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 SEVENTEENTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FACTOR SYSTEMS, INC." WAS INCORPORATED ON THE FOURTH DAY OF SEPTEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

13 AUG 13 PM 1:25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

3432276 8300

130782182

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0516324

DATE: 06-17-13