

F13D000004190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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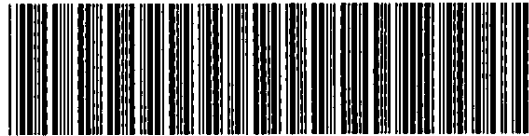
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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9/30

JB



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 823094 7955730

AUTHORIZATION

Spuddelean

COST LIMIT : \$70.00

ORDER DATE : September 26, 2013

ORDER TIME : 4:53 PM

ORDER NO. : 823094-050

CUSTOMER NO: 7955730

FOREIGN FILINGS

NAME: OPTIMAL PAYMENTS SERVICES INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER: _____

13 SEP 27 AM 8:20
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Optimal Payments Services 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:

Corporation Service Company

Name of Person

Firm/Company

2711 Centerville Road, Ste 400

Address

Wilmington, DE, 19808

City/State and Zip code

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

For further information concerning this matter, please call:

Corporation Service Company at (800) 927 9800
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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**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. Optimal Payments Services 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. 463417637

(FEI number, if applicable)

4. August 13, 2013

(Date of incorporation)

5. Perpetual

(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. 24th Floor, 3 World Financial Center, 200 Vesey St., New York, NY 10281

(Principal office address)

24th Floor, 3 World Financial Center, 200 Vesey St., New York, NY 10281

(Current mailing address)

To engage in any act or activity for which corporations may be organized.

8. _____

(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

(City)

, Florida 32301

(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: Elli King

(Registered agent's signature)

Assistant Vice President

Elli King
Assistant VP

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 directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached officers rider

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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. Maria Tomlinson, President

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

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DIVISION OF STATE
CORPORATIONS

OFFICERS/DIRECTORS RIDER

FL-Application by Foreign Corporation for Authorization Optimal Payments Services Inc.

List of Officers

Name: Maria Tomlinson **Title:** Pres/Chief Compliance Officer

Bus. Addr.: 3 World Financial Ctr, 200 Vesey St New York NY 10281

Name: Steve Shaper **Title:** Chief Financial Officer

Bus. Addr.: 3 World Financial Ctr, 200 Vesey St New York NY 10281

Name: Maria Tomlinson **Title:** Pres/Chief Compliance Officer

Res. Addr.: 140 Broadway, 46th Floor New York NY 10005

Name: Steve Shaper **Title:** Chief Financial Officer

Res. Addr.: 325 Ripple Creek Houston TX 77024

List of Directors

Name: Maria Tomlinson **Term:**

Bus. Addr.: 3 World Financial Ctr, 200 Vesey St New York NY 10281

Name: Steve Shaper **Term:**

Bus. Addr.: 3 World Financial Ctr, 200 Vesey St New York NY 10281

Name: Maria Tomlinson **Term:**

Res. Addr.: 140 Broadway, 46th Floor New York NY 10005

Name: Steve Shaper **Term:**

Res. Addr.: 325 Ripple Creek Houston TX 77024

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DIVISION OF CORPORATIONS
SECRETARY OF STATE

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTIMAL PAYMENTS SERVICES 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2013.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPTIMAL PAYMENTS SERVICES INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2013.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

5382574 8300

131133821

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0769643

DATE: 09-26-13