

F/5000002080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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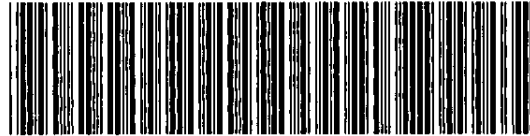
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/14/15

## COVER LETTER

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

**SUBJECT:** PAY.ON AMERICA 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:

FREDERIC V. BLANCHARD

Name of Person

KVB PARTNERS

Firm/Company

60 BROAD STREET STE 3502

Address

NEW YORK, NY 10004

City/State and Zip code

ADMINISTRATION@KVBPARTNERS.COM

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

For further information concerning this matter, please call:

FREDERIC V. BLANCHARD at ( 646 ) 356 0460

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. **PAY.ON AMERICA 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. **NEW YORK**

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

3. **46-4868102**

(FEI number, if applicable)

4. **02/18/2014**

(Date of incorporation)

5. **PERPETUAL**

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

6. \_\_\_\_\_

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

7. **60 BROAD STREET STE 3502, NEW YORK, NY 10004**

(Principal office address)

**60 BROAD STREET STE 3502, NEW YORK, NY 10004**

(Current mailing address)

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: **PARACORP INCORPORATED**

Office Address: **155 Office Plaza Drive, 1st Floor**

**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.*

**--- SEE ATTACHED LETTER ---**

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

**A. DIRECTORS**

Chairman: MARKUS RINDERER

Address: 60 BROAD STREET STE 3502, NEW YORK, NY 10004

Vice Chairman: NIKOLAUS VON TAYSEN

Address: 60 BROAD STREET STE 3502, NEW YORK, NY 10004

Director: TOBIAS SCHWEIGER

Address: 60 BROAD STREET STE 3502, NEW YORK, NY 10004

Director: ALAN GOSLAR

Address: 60 BROAD STREET STE 3502, NEW YORK, NY 10004

**B. OFFICERS**

President: MARKUS RINDERER

Address: 60 BROAD STREET STE 3502, NEW YORK, NY 10004

Vice President: NIKOLAUS VON TAYSEN

Address: 60 BROAD STREET STE 3502, NEW YORK, NY 10004

Secretary: FREDERIC V. BLANCHARD

Address: 60 BROAD STREET STE 3502, NEW YORK, NY 10004

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. SECRETARY FREDERIC V. BLANCHARD

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

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**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of PAY.ON AMERICA INC. was filed on 02/18/2014, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 14th day of April two  
thousand and fifteen.*

*Anthony Scardino*

Executive Deputy Secretary of State

**STATE OF FLORIDA**

**REGISTERED AGENT CONSENT FORM**


**DATE:** 4/23/2015

**ENTITY NAME:** PAY.ON AMERICA INC.

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

\_\_\_\_\_

Sharon Cooke, Assistant Secretary  
Paracorp Incorporated

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