

FILE0000001907

(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 _____

Special Instructions to Filing Officer:

Office Use Only



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04/22/16--01022--024 **87.50

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16 APR 22 PM 2:55
SEC. OF STATE
TALLAHASSEE, FLORIDA

APR 22 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Align Commerce Payments 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:

Ruby Sinclair

Name of Person

Align Commerce

Firm/Company

75 Broadway Street, Suite 202

Address

San Francisco, CA 94111

City/State and Zip code

documents@incorp.com

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

For further information concerning this matter, please call:

on behalf of Ruby Sinclair

877

279-2629 ext. 107

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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



75 Broadway Street, Suite 202
San Francisco, CA 94111

April 18, 2016

Via Overnight Mail

Florida Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Align Commerce Payments Inc.
Foreign Registration

Dear Filing Desk:

Enclosed please find an original Application by Foreign Corporation for Authorization to Transact Business in Florida for Align Commerce Payments Inc. (the "Company") for filing with your office. Also enclosed is a check for \$87.50 in payment of the filing fee, Certificate of Status and Certified Copy. In addition, enclosed is a certified copy of the Certificate of incorporation filed on February 23, 2016 and a Good Standing Certificate issued on April 15, 2016 from the state of Delaware, the Company's state of formation.

Please return a certified Certificate of Status to the Company in the enclosed pre-paid envelope.

Should you have any questions or need additional information, do not hesitate to contact me at ruby@aligncommerce.com or at 650-318-8501.

Sincerely,

A handwritten signature in dark ink, appearing to read "Ruby Sinclair", is written over the printed name.

Ruby Sinclair

Enclosures

**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. Align Commerce Payments 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. 81-1679038
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/23/2016 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 75 Broadway Street, Suite 202 San Francisco CA, 94111
(Principal office address)

1 Embarcadero Center, Suite 500 San Francisco CA, 94111
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

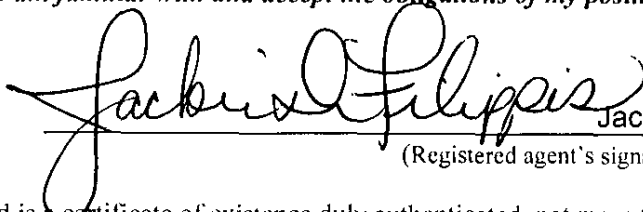
Office Address: 17888 67th Court North

Loxahatchee, FL 33470 , Florida 33470
(City) (Zip code)

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9. 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.



Jackie DeFilippis on behalf of InCorp Services, Inc.
(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: Marwan Forzley

Address: 75 Broadway Street, Suite 202
San Francisco, CA 94111

Vice Chairman: _____

Address: _____

Director: Jay Hansen

Address: 75 Broadway Street, Suite 202
San Francisco CA 94111

Director: _____

Address: _____

B. OFFICERS

President: Marwan Forzley

Address: 75 Broadway Street, Suite 202
San Francisco CA 94111

Vice President: _____

Address: _____

Secretary: Jay Hansen

Address: 75 Broadway Street, Suite 202, San Francisco, CA 94111

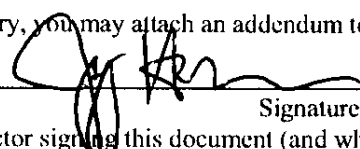
Treasurer: Jay Hansen

Address: 75 Broadway Street, Suite 202, San Francisco, CA 94111

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DEPARTMENT OF STATE

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

12. ☒



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Jay Hansen, CFO & Secretary

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALIGN COMMERCE PAYMENTS 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 FIFTEENTH DAY OF APRIL, A.D. 2016.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALIGN COMMERCE PAYMENTS INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2016.

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



5971319 8300

SR# 20162336403

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202159202

Date: 04-15-16