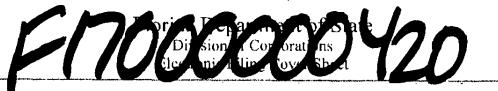
1/27/2017

Division of Corporations



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.

(((H170000259913)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

: (954)208-0845

Fax Number

\*\*Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.\*\*

mail	Address:		

## FOREIGN PROFIT/NONPROFIT CORPORATION PAYTRONIX SYSTEMS, INC.

Certificate of Status	0
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D. SCOTT JAN 3 0 2017

## COVER LETTER

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SUBJEC	.T: Paytronia	Systems, Inc.					
	10) approximate parvio and	Name	of corporat	ion -	must include suffix		
Dear Sir o	or Madam:						
"Certificat	te of Existenc	tion by Foreign Co te," or "Certificate on corporation to t	of Good S	tand	authorization to Transa ling" and check are sul s in Florida.	ict Bi binitt	nsiness in Florida," and to register the
Please retu	urn all corres <sub>i</sub>	ondence concern	ng this ma	tier i	c the following:		
Christophe	or Doyle						
			Name	of P	erson	<del>,,</del>	manager defined of from a copyright product for managering of
Paytronix !	Systems, Inc.						
			Firm/C	omp	any		
80 Bridge	Street						
			Ad	dres			
Newton, M	1A 02458						
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Ro Di CI 26	egistration Se ivision of Cor lifton Buildin	porations g Center Circle	S:		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Orpor 7	ÆSS: on ations
Enclosed i	is a check for	the following amo	ount:				
□ \$70.00	Filing Fee	☐ \$78.75 Filing Certificate of			\$78.75 Fifing Fee & Certified Copy	o	\$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.

orporation; must include "INCORPORATED,"				
orp," "(ne," "Co," or "Corp.")	"COMPANY," "CORPORATION	; ;		
		g business in Florida)		
3.	04-3569244			
under the law of which it is incorporated)	(FEI number, if applicable)			
· .				
of incorporation)	(Date of duration, if other	than perpetual)		
	·			
(Date first transacted business in	Florida, if prior to registration)			
		ly)		
(Principa	l office address)	·		
58				
(Current mailing	address, if different)			
(	,,	ನೂ 📑		
t address of Florida registered agent: (P.O.	Boy NOT acceptable)			
	Son Marie	主旨をする		
C.1 Corporation system	<del></del>	700 7		
1200 South Pine Island Road		<b>注</b>		
	, Florida			
(City)	(Zip code)	1.06 30 VIII		
uite aaaeutonoa		35 <sup>77</sup> 67		
	ble in Florida, enter alternate corporate name as  3.  9 under the law of which it is incorporated)  5.  of incorporation)  (Date first transacted business in 1 (SEE SECTIONS 607.1501 & 607.1501 & 607.150)  (Principa 58  (Current mailing 1 address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road  Plantation	3.   04-3569244   3.   04-3569244   3.   04-3569244   3.   04-3569244   3.   04-3569244   3.   05 incorporation)   (FEI number, if approximately of incorporation)   (Date of duration, if other to fine or poration)   (Date of duration, if other to fine or poration)   (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability of the first transacted business in Florida, if prior to registration)   (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability of the first transacted business in Florida, if prior to registration)   (Principal office address)   (Princip		

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.

C T Corporation System

By: (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.

1). Names and business addresses of officers and/or directors:
A. DIRECTORS
Chaircean:
Address:
Vice Chairman:
Address:
Pi
Director:
Address:
Director:
Address:
B. OFFICERS
President: Andrew Robbins
Address: 80 Bridge Street Newton, MA 02458
<u> </u>
Vice President:
Address:
mark - m
Secretary:
Address: Matthew D'arbeloff
Treasurer: 80 Bridge Street Newton, MA 02458
Address:
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 talse information submitted in a document to the Department of State constitutes
a third degree felony as provided for in s.817.155, F.S.  Matthew d'Arbeloff, Treasurer
(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 "PAYTRONIX 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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2017.

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

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



3416356 8300

SR# 20170473108 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201938493

Date: 01-26-17