

FN000003150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

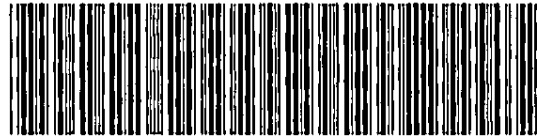
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800301110848

07/10/17--01032--010 **78.75

RECEIVED
17 JUL 14 PM 1:13
SECRETARY OF STATE
FALL ARIZONA

SECRETARY OF STATE
DIVISION OF CORPORATE
17 JUL 14 PM 1:09

JUL 14 2017
J. HARRIS

2818C-711A

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Payment Service Network, 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:

Michael Garbutt

Name of Person

Payment Service Network, Inc.

Firm/Company

2901 International Lane Ste 100

Address

Madison, WI 53704

City/State and Zip code

mgarbutt@paymentservicenetwork.com

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

For further information concerning this matter, please call:

Michael Garbutt

608

442-5087

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2017

MICHAEL GARBUTT
2901 INTERNATIONAL LANE STE 100
MADISON, WI 53704

SUBJECT: PAYMENTS SERVICE NETWORK, INC.
Ref. Number: W17000058122

We have received your document for PAYMENTS SERVICE NETWORK, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 917A00014223

SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUL 14 PM 4 09

**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.*

Payment Service Network, Inc.

1. _____
(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. Wisconsin 3. 39-1976510
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/8/1999 5. _____
(Date of incorporation) (Date of duration, if other than 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. 2901 International Lane, Madison WI 53704
(Principal office address)

(Current mailing address, if different)

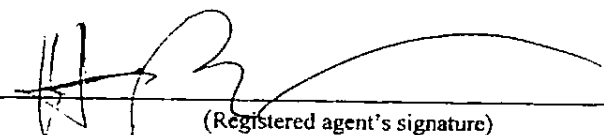
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: H Richard Bisbec

Office Address: 1882 Capital Circle NE Ste 206
Tallahassee, Florida 32308
(City) (Zip code)

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.


(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Norman Ehiorobo

Address: 2901 International Lane

Madison WI 53704

Vice President: _____

Address: _____

Secretary: Marll Thiede

Address: 2901 International Lane, Madison WI 53704

Treasurer: Greg Rice

Address: 2701 International Lane Madison WI 53704

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. Norman Ehiorobo

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

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STATE OF WISCONSIN
DEPARTMENT OF STATE

DOM
180 181 183

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

PAYMENT SERVICE NETWORK, INC.

is a domestic corporation or limited liability company organized under the laws of this state and that its date of incorporation or organization is November 8, 1999.

I further certify that Articles of Merger were filed with this department on December 31, 2000, changing the name of RTP INC. to the present name of PAYMENT SERVICE NETWORK, INC.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on July 7, 2017.

A handwritten signature in cursive script, reading "Mary Ann McCoshen".

MARY ANN McCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

BY: A handwritten signature in cursive script, likely of the official, placed over a horizontal line.