

F77000004294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 SEP 26 PM 3:32

O SIMMONS
SEP 27 2017

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 9/26/2017

PRIORITY Routine

OUR REF # (Order ID#) 600927

ORDER ENTITY
APPLE PAYMENTS INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

APPLE PAYMENTS INC. (FL)

File the attached foreign qualification document

Short Form Good Standing Certificate

NOTES:

\$78.75 Authorized

Email address for annual report reminders: state_reg@apple.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in cursive script that reads "Melissa".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

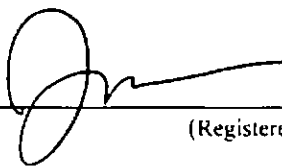
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. Apple 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. 82-1159471
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 3, 2017 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. 10101 N. De Anza Blvd., MS 42-3API, Cupertino, CA 95014
(Principal office address)
- _____ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: C T Corporation System
- Office Address: 1200 South Pine Island Road
- Plantation, Florida 33324
(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.



Jean Malcomson, Asst. Secretary
of C T Corporation System

(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: None

Address: _____

Vice Chairman: None

Address: _____

Director: Michael Boyd

Address: 10101 N. De Anza Blvd., MS 42-3API, Cupertino, CA 95014

Director: Michael Shapiro

Address: 10101 N. De Anza Blvd., MS 42-3API, Cupertino, CA 95014

B. OFFICERS

President: Cherie Fuzzell

Address: 10101 N. De Anza Blvd., MS 42-3API, Cupertino, CA 95014

Vice President: None

Address: _____

Secretary: Gene Levoff

Address: 10101 N. De Anza Blvd., MS 42-3API, Cupertino, CA 95014

Treasurer: Tom Kuglen

Address: 10101 N. De Anza Blvd., MS 42-3API, Cupertino, CA 95014

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. Gene Levoff, Secretary

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

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MILWAUKEE, WI

Attachment to Application by Foreign Corporation For Authorization
To Transact Business in Florida for Apple Payments Inc.

II. Names and business addresses of officers and/or directors (continued):

A. DIRECTORS (Continued)

Director: Gene Levoff
Address: 10101 N. De Anza Blvd., MS 42-3API, Cupertino, CA 95014

B. OFFICERS (Continued)

Chief Compliance Officer: Benjamin Duranske
Address: 10101 N. De Anza Blvd., MS 42-3API, Cupertino, CA 95014

Chief Executive Officer: Cherie Fuzzell
Address: 10101 N. De Anza Blvd., MS 42-3API, Cupertino, CA 95014

Chief Financial Officer: Tom Kuglen
Address: 10101 N. De Anza Blvd., MS 42-3API, Cupertino, CA 95014

Chief Legal Officer: Kevin Erwin
Address: 10101 N. De Anza Blvd., MS 42-3API, Cupertino, CA 95014

Deputy Compliance Officer: Kevin Erwin
Address: 10101 N. De Anza Blvd., MS 42-3API, Cupertino, CA 95014

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JANIS M. J. J.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APPLE 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APPLE PAYMENTS INC." WAS INCORPORATED ON THE THIRD DAY OF MARCH, A.D. 2017.

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



6318483 8300

SR# 20176150396

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.

Authentication: 203219526

Date: 09-13-17