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10/10/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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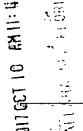
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Secure Payment Systems, Inc.

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10/11/17



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Help

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. Secure Payment Systems, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPASY," "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) 88-0372884 3. (State or country under the law of which it is incorporated) (FEI number, if applicable) 11/18/1996 (Date of Incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3993 Howard Hughes Pkwy, Suite 390, Las Vegas, NV 89169 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Incorporating Services, Ltd. Name: 1540 Glenway Drive Office Address: Tallahassee

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.

Kare-1 E. Elliott, Assistant Vice President
(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	
Linden Fellerman President:	
3993 Howard Hughes Pkwy, Suite 390 Address:	
Las Vegas, NV 89169	
Vice President:	
Address:	
Lus Vogas, NV 89169	
Linden Fellerman Socretary:	
993 Howard Hughes Pkwy, Suite 390, Las Vegas, NV 89169 Address:	
Treasurer:	
993 Howard Hughes Pkwy, Suite 390, Las Vegas NV 89169 Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12. Oud O	
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. Linden Fellerman, President (Typed or printed name and capacity of person signing application)	

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, SECURE PAYMENT SYSTEMS, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 18, 1996, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 10, 2017.

Bollow K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20171010-0080
You may verify this electronic certificate
online at http://www.nvsos.gov/

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