

F17000004960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
JHA Payment Solutions, Inc.

**SUBJECT:** \_\_\_\_\_  
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:

Jill Walter

\_\_\_\_\_  
Name of Person

JHA Payment Solutions, Inc.

\_\_\_\_\_  
Firm/Company

PO Box 807

\_\_\_\_\_  
Address

Monett, MO 65708

\_\_\_\_\_  
City/State and Zip code

jwaller@jackhenry.com for Registration

rmanglos@jackhenry.com for Annual Reports

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

For further information concerning this matter, please call:

Jill Walter

at ( 913 )

341-3434

\_\_\_\_\_  
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

**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.*

JHA Payment Solutions, 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.

Washington

3.

91-2047199

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4.

05/11/2000

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.

663 W Hwy 60, Monett, MO 65708

(Principal office address)

PO Box 807, Monett, MO 65708

(Current mailing address, if different)

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

Name: NRAI Services, Inc

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.*



**Bernadette Baker**

**Assistant Secretary**

(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: John Prim

Address: PO Box 807, Monett, MO 65708

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: John Prim

Address: PO Box 807, Monett, MO 65708

Vice President: Dave Foss

Address: PO Box 807, Monett, MO 65708

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: Kevin Williams

Address: PO Box 807, Monett, MO 65708

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

12. Kevin Williams  
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. Kevin Williams, Treasurer

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

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DIVISION

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,  
hereby issue this

**CERTIFICATE OF EXISTENCE  
OF  
JHA PAYMENT SOLUTIONS, INC.**

**I FURTHER CERTIFY** that the records on file in this office show that the above named entity  
was formed under the laws of the State of Washington and that its public organic record  
was filed in Washington and became effective on 5/11/2000.

**I FURTHER CERTIFY** that the entity's duration is Perpetual,  
and that as of the date of this certificate, the records of the Secretary of State  
do not reflect that this entity has been dissolved.

**I FURTHER CERTIFY** that all fees, interest and penalties owed to this state and collected  
through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary  
of State for filing and that proceedings for administrative dissolution are not pending.

Date: September 28, 2017

UBI: 602-036-911

Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

