

F19000002137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

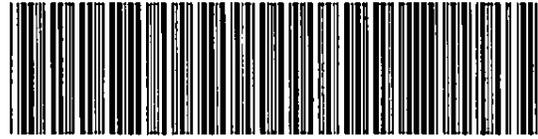
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000327959240

04/13/19--01017--030 ♦♦67.50

2019 MAY 13 PM 2:34

B KINSEY
MAY 3 - 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2019

LISA PRINCIPATO
1937 E. ATLANTIC BLVD., STE 201
POMPANO BEACH, FL 33061

SUBJECT: MERCHANT STIMULUS SOLUTIONS, INC.
Ref. Number: W19000040548

20191117 - 2 PM 2:05

We have received your document for MERCHANT STIMULUS SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 319A00008339

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.

MERCHANT STIMULUS 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) NEW YORK 80-0463503

2. (State or country under the law of which it is incorporated) 07/28/2009 3. (FEI number, if applicable)

4. (Date of incorporation) 5. (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) 1937 E. ATLANTIC BLVD., SUITE 201, POMPANO BEACH, FLORIDA 33061

7. (Principal office address)

(Current mailing address, if different)

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

Name: C/O AMERICAN STIMULUS FUNDING Office Address: 1937 E. ATLANTIC BLVD., SUITE 201 POMPANO BEACH, FLORIDA 33061 (City) Florida (Zip code)

2009 MAY 22 PM 2:34

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) Principato

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: LISA PRINCIPATO

Address: 1937 E. ATLANTIC BLVD., SUITE 201
POMPANO BEACH, FLORIDA 33061

Vice President: _____

Address: _____

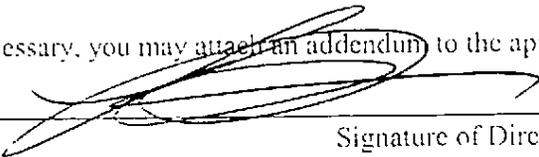
Secretary: LISA PRINCIPATO
1937 E. ATLANTIC BLVD., SUITE 201

Address: POMPANO BEACH, FLORIDA 33061

Treasurer: _____

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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §17.155, F.S.

LISA PRINCIPATO

Lisa Principato President

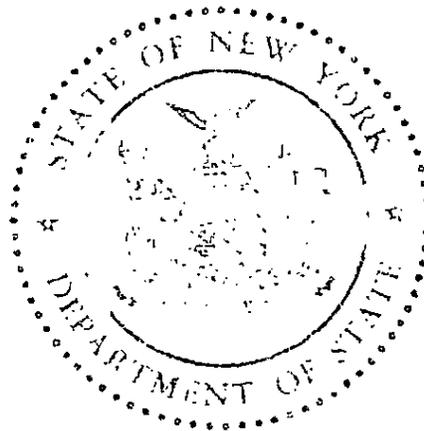
2019 MAY -1 11 2:34

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MERCHANT STIMULUS SOLUTIONS, INC. was filed on 07/23/2009, under the name of AMERICAN STIMULUS PROCESSING CORP., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment AMERICAN STIMULUS PROCESSING CORP., changing its name to MERCHANT STIMULUS SOLUTIONS, INC., was filed 07/28/2009.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 05th day of April two
thousand and nineteen.*

A handwritten signature in cursive script, appearing to read "Whitney Clark".

Whitney Clark
Deputy Secretary of State