Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000241877 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALTON NORTH AMERICA INC.

Account Number : I20100000010

Phone : (305)393-8662 Fax Number : (305)397-0323

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION **PAYMAIL CORPORATION**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

Z BROWN

AUG 1 5 2019

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.

	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED,"	"COMPANY," "CORPORATION	,, ,,		
(If name unavaila	ble in Florida, enter alternate corporate na	ine ad	lopted for the purpose of transactin	g business in Flo	rida)	
DELAWARE3.			83-3571055			
(State or country under the law of which it is incorporated)		- <i>3.</i>	(FEI number, if applicable)			
1/31/2019		1	PERPETUAL			
(Date	of incorporation)). <u> </u>	(Date of duration, if other than perpetual)			
•	•					
					_	
	(Date first transacted busine	es in	Florida, if prior to registration)			
	(SEE SECTIONS 607.1501 & 60	es in 1 07,150	Florida, if prior to registration) 32, F.S., to determine penalty liabil	ity)		
444 Brickell Ave	(SEE SECTIONS 607.1501 & 60 #705, Miami, FL 33131	07.150	02, F.S., to determine penalty liabil	ity)		
	(SEE SECTIONS 607.1501 & 60 #705, Miami, FL 33131	07.150	Florida, if prior to registration) 12, F.S., to determine penalty liabil al office address)	ity)		
	(SEE SECTIONS 607.1501 & 60 #705, Miami, FL 33131 (Pr : Suite 51270, Miami, FL 33131	incipa	32, F.S., to determine penalty liabil al office address)	ity)	∰ 	
	(SEE SECTIONS 607.1501 & 60 #705, Miami, FL 33131 (Pr : Suite 51270, Miami, FL 33131	incipa	02, F.S., to determine penalty liabil	75. 5		
444 Brickell Ave	(SEE SECTIONS 607.1501 & 60 #705, Miami, FL 33131 (Pr : Suite 51270, Miami, FL 33131 (Current u	incipa	32, F.S., to determine penalty liabil al office address) g address, if different)	75. 5	A	
444 Brickell Ave	(SEE SECTIONS 607.1501 & 60 #705, Miami, FL 33131 (Pr : Suite 51270, Miami, FL 33131	incipa	32, F.S., to determine penalty liabil al office address) g address, if different)	75. 5		
444 Brickell Ave	(SEE SECTIONS 607.1501 & 60 #705, Miami, FL 33131 (Pr : Suite 51270, Miami, FL 33131 (Current u	incipa	32, F.S., to determine penalty liabil al office address) g address, if different)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
444 Brickell Ave	(SEE SECTIONS 607.1501 & 60 #705, Miami, FL 33131 (Pr : Suite 51270, Miami, FL 33131 (Current u	incipa	32, F.S., to determine penalty liabil al office address) g address, if different)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
A44 Brickell Ave Name and stree Name:	(SEE SECTIONS 607.1501 & 60 #705, Miami, FL 33131 (Pr : Suite 51270, Miami, FL 33131 (Current un et address of Florida registered agent: ALTON North America Inc.	incipa	22, F.S., to determine penalty liabilal office address) g address, if different) b. Box NOT acceptable)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
444 Brickell Ave	(SEE SECTIONS 607.1501 & 60 #705, Miami, FL 33131 (Pr : Suite 51270, Miami, FL 33131 (Current un et address of Florida registered agent: ALTON North America Inc.	incipa	32, F.S., to determine penalty liabil al office address) g address, if different)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		

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.

> Max Karagoz (CEO) for ALTON North America Inc. (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.

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

A. DIRE	CCTORS			
Chairman:				
Address:				
-				
Vice Chair	nnan;			
Address:				
- Director:	BERNHARD SCHMIDT			
	444 BRICKELL AVE #705			
	MIAMI, FL 33131			
Director:				
Address:				
B. OFF	ICERS		<u>12</u>	
President.	BERNHARD SCHMIDT	··.*,		- ii ,
Address:	444 BRICKELL AVE 4705	.773	<u> </u>	
	MIAMI, FL 33131	·	.£ ;⊭	- servery 1
Vice Pres	ident:			مُنْدِ سِيرًا
Address:				
Secretary	BERNHARD SCHMIDT			
Address:	444 BRICKELL AVE #705, MIAMI, FL 33131			
Treasurer	BERNHARD SCHMIDT			
Address:	444 BRICKELL AVE #705, MIAMI, FL 33131			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers	and/or dir	ectors.	
12	Signature of Director or Officer			
are true a third d	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms the and that he or she is aware that false information submitted in a document to the Deparegree felony as provided for in s.817.155, F.S. RNHARD SCHMIDT (PRESIDENT)	at the facts tment of S	i stated tate cor	herein istitutes

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

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PAYMAIL CORPORATION" 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 TWENTY-SIXTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAYMAIL CORPORATION" WAS INCORPORATED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2019.

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

a at coun delaware gov/aut

Authentication: 203296928

Date: 07-26-19