

3/4/2020

Division of Corporations

F2000001189

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

****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
PLANET PAYMENT, INC.**

Certificate of Status	1
Certified Copy	1
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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

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. Planet Payment, 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

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

3.

(FEI number, if applicable)

4. October 12, 1999

(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)

7. 600 Old Country Road, Garden City, New York 11530

(Principal office street address)

(Current mailing address, if different)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324
(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.



(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: David R. Fishkin
☐ Vice Chairman Address: 600 Old Country Road
☐ Director Garden City, NY 11530
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other General Counsel ☐ Other _____

☐ Chairman Name: Keith Flaherty
☐ Vice Chairman Address: 600 Old Country Road
☐ Director Garden City, NY 11530
☐ President _____
☒ Vice President Operations & Delivery
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

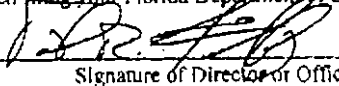
☐ Chairman Name: Steve O'Donovan
☐ Vice Chairman Address: 600 Old Country Road
☐ Director Garden City, New York 11530
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Pay Officer ☐ Other _____

☐ Chairman Name: Caspar Branson
☐ Vice Chairman Address: Little Bechhams, Coxcombe Ln.
☐ Director Chiddingfold, Surrey GU8 4QA, UK
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other GC Risk & Comp ☐ Other _____

☐ Chairman Name: Jamie Keir
☐ Vice Chairman Address: 21A Pine Grove
☐ Director Weybridge, Surrey KT13 9AN, UK
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Fin Off ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. David R. Fishkin Senior Vice President and General Counsel
 (Typed or printed name and capacity of person signing application)

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PLANET PAYMENT, 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 FOURTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

2020-03-04 12:30

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

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SR# 20201911752

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202514689

Date: 03-04-20