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Division of Corporations
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To: Division of Corporations
Fax Number : (850)517-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 12018000001:
Phone : (844)386-0178
Fax Number : (214)317-4754

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
Payment Software Company, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01

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Division of Corporations

Estimated Charge	\$70.00
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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. Payment Software Company, 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 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/27/2001 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. 650 California St. Ste 2950, San Francisco, California, 94108
(Principal office street address)

_____ (Current mailing address, if different)

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

Name: LEGALINC CORPORATE SERVICES INC.

Office Address: 5237 Summerlin Commons BLVD, STE 400

Fort Myers, Florida 33907
(City) (Zip code)

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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]:

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A. DIRECTORS

Chairman Name Adam Palser
 Vice Chairman Address: 650 California St, Ste 2950
 Director San Francisco, CA, 94108
 President _____
 Vice President _____
 Secretary Treasurer
 Other CEO Other _____

Chairman Name: Chloe Ashcroft
 Vice Chairman Address: 650 California St, Ste 2950
 Director San Francisco, CA, 94108
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Darren Maloney
 Vice Chairman Address: 650 California St, Ste 2950
 Director San Francisco, CA, 94108
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Tom Arnold
 Vice Chairman Address: 650 California St, Ste 2950
 Director San Francisco, CA, 94108
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: John Rostern
 Vice Chairman Address: 650 California St, Ste 2950
 Director San Francisco, CA, 94108
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Tim Kowalski
 Vice Chairman Address: 650 California St, Ste 2950
 Director San Francisco, CA, 94108
 President _____
 Vice President _____
 Secretary Treasurer
 Other Officer 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. Nick Rowe
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. Nick Rowe, Director
(Typed or printed name and capacity of person signing application)

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

Title: Director

Name: Nick Rowe

Address: 650 California St, Ste 2950, San Francisco, CA, 94108

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAYMENT SOFTWARE COMPANY, 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAYMENT SOFTWARE COMPANY, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2004.

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



3796014 8300

SR# 20220508151

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202659476

Date: 02-14-22

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