

F22000000 3994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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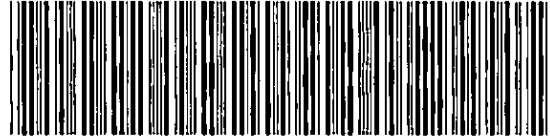
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 06/24/2022

Acc#I20160000072

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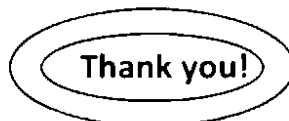
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|-------------|------------------------------|
| Name: | Payall Payment Systems, Inc. |
| Document #: | |
| Order #: | 14412019 |

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|-----------------------------------|--------------------------|--|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | | |
| Plain Copy: | <input type="checkbox"/> | | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | | |
| Certified Copy of | <input type="checkbox"/> | | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | | Country of Destination: | |
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| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 78.75



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Payall Payment Systems, Inc.
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:

Regina M. Scott
Name of Person

Morris, Manning & Martin, LLP
Firm/Company

1600 Atlanta Financial Center, 3343 Peachtree Road, NE
Address

Atlanta, GA 30342
City/State and Zip code

gary.palmer@payallaps.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regina M. Scott at (404) 233-7000
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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.*

1. Payall Payment Systems, 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. 82-1142134
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 21, 2022 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1111 Lincoln Road, Suite 606, Miami Beach, FL 33139
(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation . Florida 33324
(City) (Zip code)

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CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

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.

/s/ David Westcott, 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.

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: Gary Palmer☐ Vice Chairman Address: 1111 Lincoln Road, Suite 606☒ Director Miami Beach, FL 33139☒ President and CEO _____☐ Vice President _____☐ Secretary ☐ Treasurer☐ Other _____ ☐ Other _____☐ Chairman Name: David Finn☐ Vice Chairman Address: 1111 Lincoln Road, Suite 606☒ Director Miami Beach, FL 33139☐ President _____☐ Vice President _____☒ Secretary ☒ Treasurer☐ Other _____ ☐ Other _____☐ Chairman Name: Frederick S. Hammer☐ Vice Chairman Address: 1111 Lincoln Road, Suite 606☒ Director Miami Beach, FL 33139☐ President _____☐ Vice President _____☐ Secretary ☐ Treasurer☐ Other _____ ☐ Other _____☐ Chairman Name: Alan Goslar☐ Vice Chairman Address: 1111 Lincoln Road, Suite 606☒ Director Miami Beach, FL 33139☐ President _____☐ Vice President _____☐ Secretary ☐ Treasurer☐ Other _____ ☐ Other _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Director _____☐ President _____☐ Vice President _____☐ Secretary ☐ Treasurer☐ Other _____ ☐ Other _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Director _____☐ President _____☐ Vice President _____☐ Secretary ☐ Treasurer☐ Other _____ ☐ Other _____

Important Notice: Use an attachment for 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. Gary Palmer _____

63F57C54FADF495... 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. Gary Palmer, President and CEO _____

(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 "PAYALL PAYMENT SYSTEMS, 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2022.

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



6751704 8300

SR# 20222818551

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: 203760466

Date: 06-24-22