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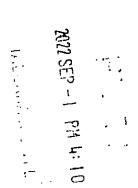
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COVER LETTER

го:	Registration Section Division of Corporation				
SHR!	JECT:	Par	kingPayments.	com, Inc.	
у С D .,	Let	Name of corpo	oration - must	include suffix	
Dear :	Sir or Madam:				
'Certi	ficate of Existence,"	by Foreign Corporation or "Certificate of Goo orporation to transact	d Standing" a	nd check are submitte	usiness in Florida." ed to register the
Please	return all correspon	dence concerning this	matter to the f	following:	
		Russ	ell R. O'Brien,	Esq.	
		Na	me of Person		· · · · · · · · · · · · · · · · · · ·
		Conra	d & Scherer, Ll	LP	
		Firr	n/Company		
		633 South Fede	ral Highway, E	ighth Floor	
			Address		
		Fort Lau	derdale, Florid	a 33301	
<u>_</u>		City/S	State and Zip	code	
		ROBri	en@conradsche	erer.com	
		E-mail address: (to be	used for futur	re annual report notif	ication)
For fu	orther information co	ncerning this matter, p	lease call:		
	Russell R. O'Brien, E	sq. at (954)	462-5500	
•	Name of Person		a Code	Daytime Telephone	Number
	STREET/COUR Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on rations ahassee treet, Suite 810		MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Please		following amount: b: FLORIDA DEPART \$78.75 Filing Fee & Certificate of Statu	± □ \$78.7		1 \$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.

(State or country under the law of which it is incorporated) June 23, 2022 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1314 East Las Olas Blvd. Ste 405 Ft. Lauderdale, Florida 33301 (Principal office street address)	(If name unavai	able in Florida, enter alternate corporate name ad	opted for the purpose of transactir	ng business in Florida	1)
(State or country under the law of which it is incorporated) June 23, 2022 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1314 East Las Olas Blvd. Ste 405 Ft. Lauderdale, Florida 33301 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			2 2027441		,
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1314 East Las Olas Blvd. Ste 405 Ft. Lauderdale, Florida 33301 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(State or count		(FEI number, if ap	oplicable)	_
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1314 East Las Olas Blvd. Ste 405 Ft. Lauderdale, Florida 33301 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	June 23, 2022 5,				
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1314 East Las Olas Blvd. Ste 405 Ft. Lauderdale, Florida 33301 (Principal office <u>street</u> address) (Current mailing address, if different) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	(Date		(Date of duration, if other than perpetual)		
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1314 East Las Olas Blvd. Ste 405 Ft. Lauderdale, Florida 33301 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)					_
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)				ity)	
(Current mailing address, if different) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)		1314 East Las Olas Blvd. Ste 40	05 Ft. Lauderdale, Florida 33301		
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)		(Principal office	street address)	•	
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)					_
Control & Scherer 1 1 0		(Current mailing	address, if different)		
Control & Scherer 1 1 0	Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	: 2	
				122 SI TV.L	572
633 South Federal Highway	ranic.	633 South Federal Highway	_	[P-	.**
	ffice Address:	Fort Lauderdale	— . Florida ³³³⁰¹	;; P	
(City) (Zip code)	ffice Address:				
Registered agent's acceptance:	ffice Address:	(City)	(Zip code)	· .	•
aving been named as registered agent and to accept service of process for the above stated corporation at		, ,	(Zip code)	: f:	•

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]:

(Registered agent's signature)

• • • •							
	A. DIRECTORS Chairman Frederick Bredemeyer Vice Chairman Address: 1314 5 6 6 6 Director 5 + 6 + 4 + 5 6 6 7 Director FL. 33301	□Chairman □Vice Chairman □Director □President	Address:				
:	■ Vice President	□Vice President					
	□Secretary □Treasurer _ CFO	☐ Secretary		□Treasurer			
:	Other Other	□Other		Other			
· ·	☐Chairman Name:	□ Chairman □ Vice Chairman □ Director	Address:				
	□ President	□President					
	□Vice President	□Vice President					
	□ Secretary □ Treasurer	□Secretary		☐Treasurer			
	□ Other □ Other	□Other		□ Other			
	□Chairman Name:	☐ Director	Address:				
	□ Vice President	□ Vice Presidem					
	☐ Secretary ☐ Treasurer ■ Other ☐ Other	☐ Secretary		☐Treasurer ☐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	<u> </u>				
	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 o 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. Frederick Bredemeyer, Vice President and CFO (Typed or printed name and capacity of person signing application)						
	(Typed or printed name and capacity of pe	rson signing application	1)				

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PARKINGPAYMENTS.COM, 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-SIXTH DAY OF AUGUST, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID

"PARKINGPAYMENTS.COM, INC." WAS INCORPORATED ON THE TWENTY-THIRD

DAY OF JUNE, A.D. 2022.

Authentication: 204260512

Date: 08-26-22