

F22000007603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

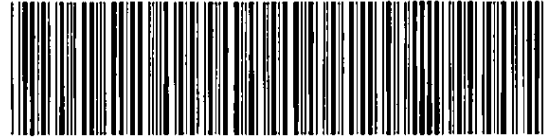
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2022 DEC 13 AM 11:26

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CLERK OF COURT
TALLAHASSEE, FLORIDA

DEC 14 2022

K. Brumby



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 12/13/2022

Name: Janelle Davis

Reference #: 1859092

Entity Name: MULTI-BANK PAYMENT SERVICES, LTD.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$70.00

Signature: Janelle Davis



Commissioner Russell C. Weigel, III

VIA ELECTRONIC MAIL

December 9, 2022

Joseph R. DeHondt
c/o Dykema Gossett PLLC
39577 Woodward Avenue, Suite 300
Bloomfield Hills, Michigan 48304

Re: **Multi-Bank Payment Services, Ltd.**

Dear Mr. DeHondt:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Multi-Bank Payment Services, Ltd.) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. The company will also not engage in business purporting to be a financial institution. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state. Should the name become confusing to the public, future modifications may be necessary.

Sincerely,

Russell C. Weigel, III
Commissioner
Office of Financial Regulation

RCW:jrj

cc: Lee Yarbrough, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

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AND
FILED
2022 DEC 13 AM 11:26
OFFICE OF FINANCIAL REGULATION
STATE OF 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. **MULTI-BANK PAYMENT SERVICES, LTD.**
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Multi-Bank Payment Services, Ltd. Co.**
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. **MICHIGAN** 3. **88-3796737**
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. **AUGUST 11, 2022** 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. **2400 EAST COMMERCIAL BLVD, STE 812, FORT LAUDERDALE, FL 33308**
(Principal office street address)
- _____ (Current mailing address, if different)

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

Name: David Maccagnone

Office Address: 2400 East Commercial Blvd, Ste 812

Fort Lauderdale, Florida 33308
(City) (Zip code)

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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN 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.

David T Maccagnone
(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: John Coban
☐ Vice Chairman Address: 2400 E Commercial Blvd, Ste 812
☒ Director Fort Lauderdale, FL 33308
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Michael Drews
☐ Vice Chairman Address: 2400 E Commercial Blvd, Ste 812
☒ Director Fort Lauderdale, FL 33308
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
Other _____ ☐ Other _____

☐ Chairman Name: Michael Karsner
☐ Vice Chairman Address: 2400 E Commercial Blvd, Ste 812
☒ Director Fort Lauderdale, FL 33308
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: David Maccagnone
☐ Vice Chairman Address: 2400 E Commercial Blvd, Ste 812
☒ Director Fort Lauderdale, FL 33308
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jeff Maccagnone
☐ Vice Chairman Address: 1000 Town Center #2300
☒ Director Southfield, MI 48075
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

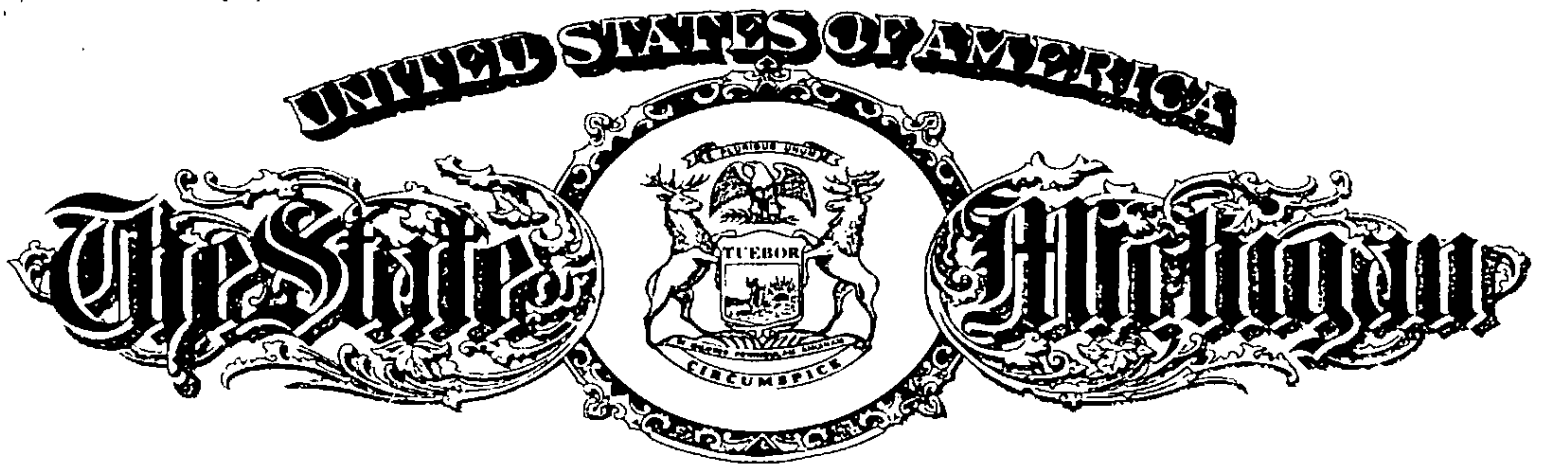
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment 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. David T Maccagnone
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 T. Maccagnone, Director
(Typed or printed name and capacity of person signing application)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

MULTI-BANK PAYMENT SERVICES, LTD.

*was validly incorporated on August 11, 2022 as a Michigan DOMESTIC PROFIT CORPORATION,
and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation
is in good standing in Michigan as of this date and is duly authorized to transact business and for no other
purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 22100619108

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 27th day of October, 2022.*

A handwritten signature in cursive script, reading "Linda Clegg".

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau