

4/23/24, 11:47 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
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: _____

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FLORIDA
DEPARTMENT
OF STATE
DIVISION
OF CORPORATIONS
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FOREIGN PROFIT/NONPROFIT CORPORATION

InstaPayment Solutions, Inc.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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04/23/2023 PM 4:24

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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. InstaPayment Solutions, 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. 04/02/2024

(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. 1111 Brickell Ave Ste 1820 Miami, FL 33131

(Principal office street address)

3131 Camino Del Rio North, Ste 1400, San Diego, CA 92108

(Current mailing address, if different)

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

Name: LEGALENC CORPORATE SERVICES INC.

Office Address: 476 Riverside Ave.

Jacksonville, Florida 32202
(City) (Zip code)

607.1501
FLORIDA
PH 4:24

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.

Sam - Mosley

(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.

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

((H24000148128 3)))

A. DIRECTORS

Chairman Name: Min Wei
 Vice Chairman Address: _____
 Director 1111 Brickell Ave Ste 1820 Miami,
 President FL 33131
 Vice President _____
 Secretary Treasurer
 Other Other CEO

Chairman Name: George Oliva
 Vice Chairman Address: _____
 Director 1111 Brickell Ave Ste 1820 Miami, FL
33131
 President _____
 Vice President _____
 Secretary Treasurer
 Other Other CFO

Chairman Name: Jasmine Farrington
 Vice Chairman Address: _____
 Director 1111 Brickell Ave Ste 1820 Miami, FL
 President 33131
 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 _____

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. _____

Min Wei
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. _____

Min Wei, President

(Typed or printed name and capacity of person signing application)

((H24000148128 3)))

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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 "INSTAPAYMENT SOLUTIONS, 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 SECOND DAY OF APRIL, A.D. 2024.

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3373701 8300

SR# 20241255288

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

A handwritten signature in black ink that reads "JWB". Below the signature, the text "Jeffrey W. Bullock, Secretary of State" is printed in a smaller font.

Authentication: 203162804

Date: 04-02-24