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l(Reque	stor's Name)	
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(City/St	ate/Zip/Phone #)	
☐ PICK-UŘ [WAIT	MAIL
		
(Busine	ss Entity Name)	
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Certified Copies	Certificates of	Status
		
Special Instructions to Filin	g Officer:	





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COVER LETTER

TO:		ration Section on of Corpora					
SUBJI	ECT:	PaymentWork:	, Inc.				
		Name of corporation - must include suffix					
Dear Si	ir or Ma	 ndam: -					
"Certifi	icate of		"Certificate	of Good St	anding	and check are sub-	et Business in Florida," mitted to register the
Please	return a	ill corresponde	nce concerni	ng this mati	er to th	e following:	
Judi Sti	ilman						
				Name (of Perso	n	
Paymer	ntWorks	, Inc.					
		,		Firm/Co	ompany		
1352 Sc	outh Sus	ect, Unit 504					
		l		Adı	dress		
Philade	lphia, P.	A _. 19147					
		ymentworks.co		City/State	and Zi	p code	
account				(10 be use	d for fu	ure annual report n	otification)
For fun	ther inf	ormation cond	erning this m	otter, pleas	call:		
Judi Sti	llman	1		at (3)0 (811 1	
	Name	of Person		Area Co	ode	Daytime Telepl	none Number
	Regist Division The Co	ET/COURIE ration Section on of Corpora entre of Tallah N. Monroe Str assee, FL 323	tions tassee cet, Suite 810			MAILING A. Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclose n	ed is a c	theck for the fack payable to:	ollowing amo	unt: PARTME!	NT OF S	TATE	
□ \$7 0.	.00 Filii	ng Fee 🗔	\$78.75 Filing Certificate o	g Fee &	□ \$78	.75 Filing Fee & tiffed Copy	■ \$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.

"Inc.," "Co.," "Ce	prpomition; must include "INCORPORATED," orp, "["Inc.," "Co," or "Corp ")			
(If name unavnik	·	dopted for the purpose of transacting business in Florida)		
Delaware		3. 47-1917202		
	under the law of which it is incorporated)	(FEI number, if applicable)		
A CONTRACTOR OF THE PERSON OF	2/17/2013	(Date of duration, if other than perpetual)		
(Date of incorporation)		(Date of duration, if other than perpetual)		
	, -	address, if different) Box NOT acceptable)		
Name and street	t address of Florida registered agent: (P.O.			
Name and street	t address of Florida registered agent: (P.O. Corporation Service Company			
Name:				
Name:	Corporation Service Company 1201 Hays Street			
	Corporation Service Company 1201 Hays Street	, Florida 32301 (Zip code)		

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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(Registered agent's signature)

A. DIRECTORS	. • 1		
Chairman	Name:	□Chairman 1	Name Alan Gross blatt
	280 Moody St, Waltham MA 024:		Address 280 Moody St.
	Moditos:		Waltham, MA 02453
'Director		Director	
*President		□President _	
Vice President	1	□ Vice President	
Secretary	☐ I'reasurer	□ Secretary	□Treasurer
⊡Other	Other	@Other	SOther
□ Chairman	Name: Tom Hopkins	□Chairman !	Name:
	Address 280 Moody St.	□ Vice Chairman	Address:
□ Director	Waltham, MA 02453	□Director	
☐President			
		□Vice President	
•		Secretary	□ Treasurer
Secretary	☐ Treasurer	·	
□Other	Other	□Other	
- Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
☐President		□President	
□ Vice President		☐ Vice President	
☐:Secretary		Secretary	□Treasurer
□Other		□Other	□Other
Innortant Notice	Use an attachment to report more than six (6). The at be added to the index when filing your Florida Departs	tachment will be imaged nent of State Annual Rep	for reporting purposes only, Non-indexed port form.
12. Thomas Ro	Signature of Director	or Offices	<u>, , , , , , , , , , , , , , , , , , , </u>
The officer or dir she is aware that s 817,155, F.S.	rector signing this document (and who is listed in numb false information submitted in a document to the Depo	ber 11 above) atfirms the	at the facts stated herein are true and that he or les a third degree felony as provided for in
13. Thomas H	Opkins (Typed or printed name and capacity of per	eden viening -antingeina	

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "PAYMENTWORKS 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 TWELFTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAYMENTWORKS INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2013.

Authentication: 204375135

Date: 09-12-24

5451357 8300 SR# 20243578270

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