TO: Qualification/Tax Lien Section

SUBJECT: Merchant Information Services, 3 (Name of corporation - must include sullix)	<u> Inc</u>
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Busin Florida", "Certificate of Existence", and check are submitted to register the above refer Poreign corporation to transact business in Florida.	ness in renced
Please return all correspondence concerning this matter to the following:	
Daniel L. Prewett (Name of Person)	SECRETARY DIVISION OF 0
Hillstrom and Associates (Firm/Company)	
5777 Beneva Road South	84:11:48
Sarasota, FJ 34233	
(City/State/Zip)	
Should you need to call someone concerning this matter, please call:	
Daniel Prewett at (813) 923.0	
(Name of Person) (Area Code & Daytime Telephor	ne Number)

COURIER ADDRESS:

Division of Corporations

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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,	Merchant Information Services, Inc.		
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natura person or partnership if not so contained in the name at present.)	or wor l	ds or
2,	(State or country under the law of which it is incorporated) 3. 65-057998 (FEI number, if applications)	385 385	
4.	5-8-95 (Dute of Incorporation) 5. (Duration: Year corp. will cease to exist or	or "pen	etual")
6.	1 1 01		
7.	17340 Curtiss Ave	96 B	STAID
	Current mailing address)	AFR 25	
8.	Credit card reguments sales a center		ED Y OF STA
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	9	TE
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Bo acceptable)	x <u>NO</u>	T
	Name: <u>Daniel</u> L. Prewett	•	
Of	Fice Address: 5777 Brneva Road Sarasota, Fl , Florida, 34233 Registered exent's accentances		
	. Megistered agent a acceptante:		
Ha cor eg all and	tving been named as registered agent and to accept service of process for the above strooration at the place designated in this application, I hereby accept the appointment sistered agent and agree to act in this capacity. I further agree to comply with the prostatutes relative to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent.	lated as ovision iliar w	ns of eith
	(Registered agent's signature)		
1.	Attached is a certificate of existence duly authenticated, not more than 90 days prior delivery of this application to the Department of State, by the Secretary of State or of official having custody of corporate records in the jurisdiction under the law of which incorporated.	ho-	

Chairman: <u>.</u>								04			
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 B. OFFICI resident: _	ERS (St	reet add	ress of	nly- P	oma oc	NOT chic	accep <u>Ł.</u>	·	210	,	
B. OFFICI resident: _ Address: — Vice Preside	ERS (Str Lave 7340	eet add	ress of	nly- P R s A	O. Box	Not Chic Sara	k. sota	F			
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State of Delaware

Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERCHANT INFORMATION SERVICES, 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 FOURTEENTH DAY OF FEBRUARY, A.D. 1996.

SECRETARY OF STATE DIVISION OF CONFORMITONS

96 APR 26 AM II: 49

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 7827074

02-14-96

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