

F96000002864

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: ADVANCE PAY SYSTEMS INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JEFF RIDDLE
(Name of Person)

ADVANCE PAY SYSTEMS INC
(Firm/Company)

P.O. Box 8718
(Address)

NORFOLK VA 23503
(City/State/Zip)

800001853828
-06/06796--01082--004
*****70.00 *****70.00

Should you need to call someone concerning this matter, please call:

JEFF RIDDLE at (804) 583-1300
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN - 6 AM 8:45
6/10

COURIER ADDRESS:

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. ADVANCE PAY SYSTEMS, INC
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. VIRGINIA 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 2/12/92 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist "perpetual")
6. HAVE NOT YET TRANSACTED BUSINESS IN FL
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. ADVANCE PAY SYSTEMS INC.
7930 F CHESAPEAKE BLVD NORFOLK VA 23518
(Current mailing address)
8. OWN & OPERATE PAY TELEPHONES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: CT CORPORATION SYSTEM
Office Address: 1200 SOUTH PINE ISLAND Rd
PLANTATION, Florida, 33324
(Zip Code)

10. 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.

SEE ATTACHED
(Registered agent's signature)

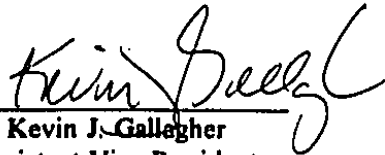
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Registered Agent Acceptance

Advance Pay Systems, Inc.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the application by a Foreign Corporation for Authorization to Transact Business in Florida. 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.

C T Corporation System



Kevin J. Gallagher
Assistant Vice President

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DIVISION OF CORPORATIONS
96 JUN -6 AM 8:45

12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. **DIRECTORS** (Street address only- P. O. Box **NOT** acceptable)

Chairman: ANDREA RIDDLE

Address: 7930 F CHESAPEAKE BLVD
NORFOLK VA 23518

Vice Chairman: JEFF RIDDLE

Address: (same)

Director: _____

Address: _____

Director: _____

Address: _____

B. **OFFICERS** (Street address only- P. O. Box **NOT** acceptable)

President: ANDREA RIDDLE

Address: 7930 F CHESAPEAKE BLVD
NORFOLK VA 23518

Vice President: _____

Address: _____

Secretary: JEFF RIDDLE

Address: (same)

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Jeff Riddle
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

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

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Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

ADVANCE PAY SYSTEMS, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is February 12, 1992.

Nothing more is hereby certified.

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Signed and Sealed at Richmond
on this Date: April 30, 1996

William J. Bridge
William J. Bridge, Clerk of the Commission

F96000002864

Advance Pay Systems Inc.
Requestor's Name
P.O. Box 8718
Address
Norfolk VA 23503
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) **900002067629--3**
2. _____ (Corporation Name) _____ (Document #) **-01/24/97--01043--014**
*******35.00 *****35.00**
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97FEB24 PM 4:02
TALLAHASSEE, FLORIDA
SH 2/24



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 31, 1997

Advance Pay Systems, Inc.
P.O. Box 3718
Norfolk, VA 23503

2/15 Mailed to: P.O. Box 8718

SUBJECT: ADVANCE PAY SYSTEMS, INC.
Ref. Number: F96000002864

We have received your document for ADVANCE PAY SYSTEMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide an original signature on the document. We cannot accept a stamped signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 097A00005179

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA**

ADVANCE PAY SYSTEMS, INC.
(Name of Corporation)

VIRGINIA
(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

P.O. Box 8718
(Mailing Address)

Norfolk, VA 23503
(City/State/Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Andrea Riddle
Signature

President
Title

Andrea Riddle
Typed or printed name

1/23/97
Date

FILED
97 JAN 24 PM 1:12
TALLAHASSEE, FLORIDA