F970000055820

TO: Qualification/Tax Lien Section **Division of Corporations** MERCHANT ACCOUNT SO LUTIONS,
(Name of corporation - must include suffix) Dear Sir or Madam: *****70.00 *****70.00 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: Merchaut Account Solutions, INC. (Firm/Company) U.S. Hwy 1 North #759 Jupiter, FL 33477 (City/State/Zip) Should you need to call someone concerning this matter, please call:

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

at (36/) 748-0396 (Area Code & Daytime Telephone Number)

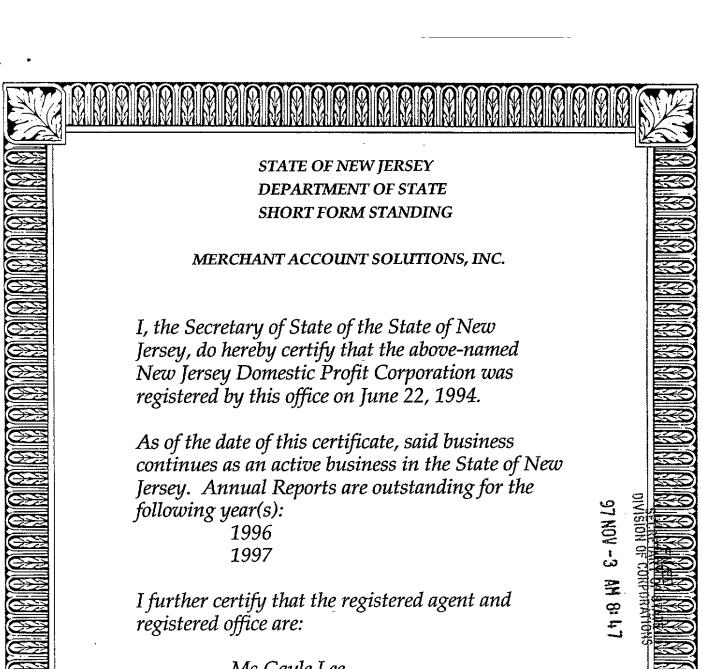
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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 Account Solutions, Mourporates (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.	(State or country under the law of which it is incorporated) 3. 22-3308539 (FEI number, if applicable)				
4.	(Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")				
6.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)				
	1000 US Hwy 1 NORTH # 759 Jupiter, FL 33477 (Current mailing address)				
8. 10 Provide Credit CARD Processing & Related Equipment Soctions fusivesses. (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 SER acceptable)					
	Name: Richard Didonato				
	Office Address: 1000 U.S. Hwy 1 NOUTH #759 5				
	Jupiter, Florida, 33477 (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.					
	Kicher De Donats (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.				

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:			. ४ <u>ृत्व</u> च
Address:			
Vice Chairman:			· · · · · ·
Address:		<u>.</u>	*
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Director:		. 2 #	
Address:			· · .
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Director:		-	
Address:			
B. OFFICERS (Street address only- P. O. Box NOT acceptable)		:	*
President: GayLE LEE Address: 45 WHITNEY RD		SECRETARY DIVISION OF C	
Vice President: Richard DiDonato Address: 1000 U.S. Hwy #1 North Tupiter, FL 33477	<u> </u>	STS STS	
Secretary:		61	
Address:		شد ر دود.	·
Treasurer:		e= 	
Address:			
NOTE: If necessary, you may attach an addendum to the application li officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12)		·	- 1,1-50
14. RicHARD DIDONATE Vice Preside (Typed or printed name and capacity of person signing applica	2NT ation)		- ==



Ms Gayle Lee 45 Whitney Road Mahwah, NJ 07430

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