798000003800

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations			
SUBJECT: Mid State Cardervices, 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. 100025793117 Please return all correspondence concerning this matter to the following: -07/02/9801058004 *****78.75 ******78.75			
Paul D. Turner (Name of Person)			
Access America Financial, Cosp. (Firm/Company)			
1525 NW 167th St, Ste 300 ARE ST. (Address)			
Miami, FL 33 (69 City/State/Zip)			
Should you need to call someone concerning this matter, please call:			
(Name of Person) at (305) 624-1000 × 1024 (Area Code & Daytime Telephone Number)			

COURIER ADDRESS:

Qualification/Tax Lien Section 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. MidState Cardservices, 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. De Quare

(State or country under the law of which it is incorporated)

4. 11-6-96

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 1525 NW 167th Street, Suite 300 Miami, FL 33169 (Current mailing address) Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Josh Bennett, Esq. Migmi, Florida, 33131 (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. 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:	Barbara C. Jarvis	7 ₂ 98	
Address:	120 W. Main Street	APER B.	
	Felton, DE 19943	7 - 2	
Vice Chairr		PP	
	N/A	FFS 9	
_		RIFE 22	
Director: _	Richard McCloskey		
	120 W. Main Street		
	Felton, DE 19943		
	Jason E. Perlman		
	1525 NW 167th St, Ste 300		
	Miami, FL 33169		
B. OFFICERS (Street address only - P.O. Box NOT acceptable)			
	Jason E. Perlman		
Address: _	1525 NW 167th St, Ste 300		
_	Miami, FL 33169		
Vice Presid	lent: Barbara C. Jarvis		
Address: _	120 W. Main Street		
•	Felton, DE 19943		
Secretary:	Barbara C. Jarvis	·.	
Address: _	120 W. Main Street		
	Felton, DE 19943		
Treasurer:	Todd Bomser		
Address:	1525 NW 167th St, Str 300		
	Miami, FL 33169		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.			
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	application)	
14. Todd Bomser, Vice President (Typed or printed name and capacity of person signing application)			

ADDENDUM

12 B. Officers

Vice President:

Todd Bomser

Address:

1525 NW 167th Street, Suite 300 Miami, FL 33169

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 "MIDSTATE CARDSERVICES, 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 SEVENTH DAY OF MAY,
A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

98 JUL -2 PM 3: 12
SECRETARY OF STATE
SECRETARY OF STATE

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Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: