

L010000009453

J. R. Staples, III, Esq.
ATTORNEY AT LAW

6990 Lake Ellenor Drive, Suite 202
Orlando, FL 32809
Tel: (407) 251-2000, Fax: (407) 251-2047

June 4, 2001

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

7000004367757--7
-06/06/01--01069--006
****160.00 ****160.00

Re: **Filing Documents for Proposed LLC – Marlin Payment Solutions, LLC**

Dear Sir or Madam:

L01-9453

Enclosed for filing, please find the Articles of Organization and Certificate of Designation of Registered Agent/ Registered Office for a new Florida Limited Liability Company, **Marlin Payment Solutions, LLC**.

A check for \$160.00 is also enclosed for filing the Articles of Organization (\$100.00), the Designation of Registered Agent (\$25.00), a certified copy (\$30.00), and a certificate of status (\$5.00).

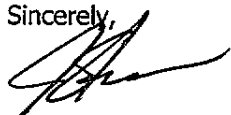
Please send the above documents to my attention at your earliest possible convenience. Should the documents enclosed in any way prove insufficient, or should you have any questions please do not hesitate to contact me. Thank you in advance for your time.

My contact information is as follows:

Johnston Raleigh Staples, III
6990 Lake Ellenor Drive, Suite 202
Orlando, FL 32809

Daytime phone #: 407-251-2000
Fax #: 407-251-2047
Email: jstaples@marliness.net

Sincerely,



J.R. Staples, III, Esq.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 JUN -6 PM 4:06

FILED

W6/13

3P

ARTICLES OF ORGANIZATION

ARTICLE I – Name:

The name of the Limited Liability Company is:

Marlin Payment Solutions, LLC

ARTICLE II –Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

6990 Lake Ellenor Drive, Orlando FL 32809

ARTICLE III – Registered Agent:

The name and the Florida street address of the registered agent are:

**Johnston Raleigh Staples, III
6990 Lake Ellenor Drive, Suite 202
Orlando, Florida 32809**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



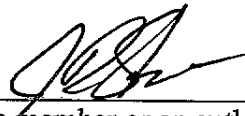
Registered Agent's Signature

ARTICLE IV – Management

☒ The Limited Liability Company is to be a manager-managed company.

Or;

☐ The Limited Liability Company is to be managed by the members.



(Signature of a member or an authorized representative of a member)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).



Typed or Printed Name of Signee

FILED
01 JUN -6 PM 4:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Marlin Payment Solutions, LLC

2. The name and Florida street address of the registered agent are:

Johnston R. Staples, III Esq.

Name

6990 Lake Ellenor Drive

Florida Street Address

Orlando, Florida 32809

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designat4ed in the certificate, I hereby accept appointment as registered agent and agree to act in this proper and complete performance of my duties, and I am familiar with and accept the obligations of the position as registered agent.



Signature

JOHNSTON R STAPLES III

Printed Name of Signee

FILED
01 JUN -6 PM 4:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA