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ACCOUNT NO. : 072100000032 REFERENCE: 851105 10450A AUTHORIZATION ~ ORDER DATE: December 12, 2002 ORDER TIME : 12:35 PM ORDER NO. : 851105-005 CUSTOMER NO: 10450A CUSTOMER: Dorene M. Ryder, Legal Asst Kunkel Miller & Hament Magdalene Center, Ste 202 15438 N. Florida Avenue Tampa, FL 33613 ... DOMESTIC FILING NAME: PAYPOINT LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP \_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY \_\_ PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - EXT. 1147

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	CL	E.	I -	Nam	e:

The name of the Limited Liability Company is:

PAYPOINT LLC

#### **ARTICLE II - Address:**

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

2124 West Kennedy Blvd., Suite B, Tampa, Florida 33606

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

	Corporation Ser	Arce Combe	'uà			
-	Name	e		<del></del>		
	1201 Hays	Street				
-	Florida street address (P.O. Box NOT acceptable)					
_	Tallahassee	FL	32301			
	City, State	e, and Zip	-			
liability company at registered agent an statutes relating to t	l as registered agent and to acce t the place designated in this cer d agree to act in this capacity. I the proper and complete perforn	tificate, I her I further agre nance of my	reby accept the ape to comply with duties, and I am j	ppoint the pr familia		
accept the obligatio	ns of my position as registered o		rided for in Chap	ter 608		
	Corporation Service Comp By: XOMANA P. 120	- 1				
	Registered Age			_		
(A	n additional article must be add	led if an effe	ctive date is requ	iested)		
	Laurer R.	DU				
	Signature of a member or an auth	orized repres	ntative of a memb	er.		
	(In accordance with section 608.40 of this document constitutes an aff that the facts stated herein are true	irmation under				
		. Dunlap				
	Typed or printe	d name of sign	ee			
	Filing Fee	<u>:s:</u>				

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

# MANAGING MANAGERS OF: PAYPOINT LLC

Jorge Valiente 2124 West Kennedy Boulevard Suite B Tampa, FL 33606

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#### LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of PAYPOINT LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder

This Limited Power of Attorney is executed on this II day of Aciember , 2002

Print Name of Signer

Print Name of Witness

Signature

Print Name of Witness