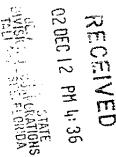
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Special Instructions to Filing Officer:					

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ACCOUNT NO. : 072100000032

REFERENCE: 851105 10450A

AUTHORIZATION

ORDER DATE: December 12, 2002

ORDER TIME : 12:40 PM

ORDER NO. : 851105-025

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 III LLC

#### EFFECTIVE DATE:

<u>xx</u>	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
XX	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT	PERSON: Norma Parramore - EXT. 1147 EXAMINER'S INITIALS:

ARTICLES OF O	RGANIZATION FOR FLO	ORIDA LIMI	ITED LIABII	~
ARTICLE I - Name The name of the Lim	e: nited Liability Company is:			ability Company
PAYPOINT III LLC			· –	100 A
ARTICLE II - Add The mailing address	lress: and street address of the princ	cipal office of	the Limited Liz	ability Company
2124 West Kenned	dy Blvd., Suite B, Tampa	, Florida 3	3606	The state of the s
ARTICLE III - Reg	gistered Agent, Registered C	office, & Regi	stered Agent's	Signature:
The name and the Fl	orida street address of the reg	istered agent a	ıre:	
	Corporation Se	rvice Compa	ny	
_	Nar	ne		•
	1201 Hay	s Street		,÷=
<del>-</del>	Florida street address (I		cceptable)	-
_	<u>Tallahassee</u> City, Sta	FL ite, and Zip	32301	<u>.</u> .
liability company at registered agent and statutes relating to t	as registered agent and to accept the place designated in this cell agree to act in this capacity. The proper and complete performs of my position as registered Corporation Service Complete:    Agency   Agency	ertificate, I her I further agree mance of my a l agent as prov	eby accept the a e to comply with luties, and I am	appointment as In the provisions of all familiar with and
(Ar	additional article must be ad	ded if an effec	tive date is req	uested)
	Rama R.	11	2	<u> </u>
	Signature of a member or an aut  (In accordance with section 608.4 of this document constitutes an at that the facts stated herein are tru	08(3), Florida St	atutes, the executi	on
		R. Dunlap ed name of signe	e	<del></del>
	Filing Fe	es:		

\$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 III LLC

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



#### LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Plorida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of PAYPOINT III LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Plorida 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 U day of Occumben, 2002

-Signature

Print Name of Signer

WITNESS:

Signante

Sophie Souper

Print Name of Witness

WITNESS

Signature

Sandra Catlu

Print Name of Witness

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