Aldrida Department of Stational Station of Corporations Public Access Statem

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112

Phone : (302) 57.5 -0875

Fax Number : (302)575-0925

LIMITED LIABILITY COMPANY

Kiosk Payment Systems, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu-

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Klosk Payment Systems, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 2755 E. Oakland Park Blvd., Suite 300, Fort Lauderdale, FL 33330

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Agents and Corporations, inc. Suite E, 773 4th Avenue North Naples, FL 34102

Having been name 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 (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

ARTICLE V - Manager/Member(s):

The initial Manager(s)/Member(s) of the Limited Lizbility Company shall be:

Michael P. Williams

2755 E. Oakland Park Blvd.

Suite 300

Ft. Lauderdale, FL 33330

Signature of a member or an authorized representative of a member

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

Michael P. Williams

Typed or printed name of signee

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SECRETARY OF STATE