Electronic Articles of Organization
For
Florida Limited Liability Company

L08000077398
FILED 8:00 AM
August 12, 2008
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:

ALPHA PAYMENTS LLC

Article II

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

5393 90TH CIRCLE EAST
PARRISH, FL. 34219

The mailing address of the Limited Liability Company is:

431 HASCALL ROAD
ATLANTA, GA. 30309

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

MARC WITES
4400 NORTH FEDERAL HIGHWAY
LIGHTHOUSE POINT, FL. 33064

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.

Registered Agent Signature: MARC WITES

Article V

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The name and address of managing members/managers are:

Title: MGRM
JAY KAHLON
431 HASCALL ROAD
ATLANTA, GA. 30309

Signature of member or an authorized representative of a member

Signature: JAY KAHLON