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(Requestor's Name)
(Address)
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**EXAMINER** 



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SECRETARY OF STATE
ALL AHASSEF FLORIDA

## **COVER LETTER**

TO: Registration Division of	n Section Corporations	
SUBJECT: Card F	Platforms LLC	
	Name of Limit	ted Liability Company
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.
Please return all corre	espondence concerning this mat	tter to the following:
Jeff Foster	·	
		Name of Person
		Firm/Company
7800 Cong	gress Avenue, Suite 108	3
		Address
Boca Raton	, FL 33487	
	Cit	ty/State and Zip Code
jeff@payve	ntures.com	
	E-mail address: (to be used	for future annual report notification)
For further information	on concerning this matter, please	e call:
Jeff Foster		_at (561 ) 901 8190
Nan	ne of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:				
Card Platforms LLC				
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the pri	ncipal office of the Limited Liabili	ty Com	ıpany	is:
Principal Office Address:	Mailing Address:			
800 Congress Avenue	7800 Congress Avenue			
Suite 108	Suite 108			
Boca Raton FL 33487	Boca Raton FL 33487			
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the red  Jeff Foster	ered Agent. You must designate an individual o			e a Bussella
Name		Y O		m
	uito 100	F STATE FLORIDA	PM 4	
7800 Congress Avenue, St	ress (P.O. Box <u>NOT</u> acceptable)		4:2	
Boca Raton	•	ĐĄ.	2	
	FL33487 te, and Zip			
Having been named as registered agent and to a	•	ve stated	d limi	ted

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 (REQUIRED)

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Jeff Foster 7800 Congress Avenue, Suite 108 Boca Raton FL 33487
(Use attachment if necessary)	
effective date is listed, the date mu 0 days after the date of filing.)	the date of filing: (OPTIONAL st be specific and cannot be more than five business days
REQUIRED SIGNATURE:  Signature of a new	the prain authorized representative of a member.
(In accordance with section	10 )
constitutes an affirmation d I am aware that any false in	609.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State belong as provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)