20023860 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000035858 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : 120070000160

Phone

: (800)494-3124

Fax Number

: (561)455-9885

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO.

Payment Center Solutions LLC

	2	Ш <mark>О</mark>
	<u>:</u>	ME
لمت	300	ليد (۲)
<u>></u>	0=	نيات ليادر
Ш Э		ASS
ند	2	日本
	ابا	
	4	10-5

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

15612422818 FILED p.2

*2013 FEB 14 AM 8: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA H130000358583

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

PAYMENT CENTER SOLUTIONS LLC

ARTICLE II ADDRESS

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

5169 CINDERLANE PARKWAY #210 ORLANDO, FLORIDA 32808

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

RYAN CHERRY 5169 CINDERLANE PARKWAY #210 ORLANDO, FLORIDA 32808

Having been named as registered agent 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.

RYAN CHERRY / Registered Agent's signature

H13000035858 3

H13000035858 3

PAGE 2 PAYMENT CENTER SOLUTIONS LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS

MANAGING MEMBER
RYAN CHERRY
5169 CINDERLANE PARKWAY #210
ORLANDO, FLORIDA 32808

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

RYAN CHERRY