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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Network Payment Group LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
- Ovan Pablo Berdejo
Name of Person •
Network Payment Group LLC
Firm/Company
4023 37th st Court West
Address
Bradenton, Florida 34205
City/state and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Oxan Pablo Berdejo at 941 536-4673  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee   ☐\$130.00 Filing Fee &

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:
Metwork Payment Group LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited Liability Company, L.L.C., or LLC.)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
HOZZ 37th st court West 4073 37th st court West Bradenton FL 34205
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Ovan Pablo Berdeio
Name
4072 37th st court West
Florida street address (P.O. Box NOT acceptable)
Bradeston FL 34205
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company 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 605, F.S.
THBerdy 55 5
Registered Agent's Signature (REOUTRED)
(CONTINUED)
Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Juan Pablo Berdejo
CFO	Ben Potter 4023 37th st ct W Brackenton FL 34205
(Use attachment if necessary)  CLE V: Effective date, if other than the date effective date is listed, the date must be spe of filing.)	of filing:
CLE V: Effective date, if other than the date effective date is listed, the date must be sp	of filing: <u>JUNUARY</u> 21 <sup>54</sup> 2015. (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date iffective date is listed, the date must be spe of filing.)	of filing: January 21 <sup>5†</sup> 2015. (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date iffective date is listed, the date must be sp e of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	Auth Devoly
CLE V: Effective date, if other than the date iffective date is listed, the date must be spe of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 60 constitutes an affirmation under 1 am aware that any false infor	ember or an authorized representative of a member.  Solution of this document of the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State on y as provided for in s.817.155. F.S.)
CLE V: Effective date, if other than the date iffective date is listed, the date must be spe of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 60 constitutes an affirmation under 1 am aware that any false infor	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.

ARTICLE IV-