

L15000056520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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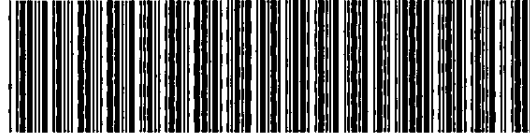
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE

3-9-15

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TALLAHASSEE, FLORIDA

15 MAR 12 PM 12:20

FILED

MAR 3 1 2015

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIDELIS PAYMENTS, 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:

Kevin T. Vagovic, Esq.
Name of Person

Kevin T. Vagovic, P.A.
Firm/Company

318 Silver Beach Avenue
Address

Daytona Beach, Florida 32118
City/State and Zip Code

kevin@vagoviclaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin T. Vagovic at (386) 882-6870
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
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
FIDELIS PAYMENTS, LLC

a Florida Limited Liability Company

FILED
15 MAR 12 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In accordance with Chapter 605.0201, Florida Statutes, the undersigned hereby creates and organizes into a limited liability company for the purpose of a for-profit business and with the powers as provided by the State of Florida, and to that end, do, by these Articles of Organization, certify and set forth the following:

EFFECTIVE DATE
3-9-15

ARTICLE 1
NAME

The name of the Limited Liability Company shall be **Fidelis Payments, LLC**.

ARTICLE 2
ADDRESS OF COMPANY

The mailing address and street address of the principal office of the above-stated Limited Liability Company are 676 Yale Road, DeLand, Florida, 32724.

ARTICLE 3
REGISTERED AGENT

The Registered Agent shall be Kevin T. Vagovic, Esq., whose address is 318 Silver Beach Avenue, Daytona Beach, Florida, 32118.

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 605, F.S.


Registered Agent's Signature (REQUIRED)

**ARTICLE 4
MEMBERS**

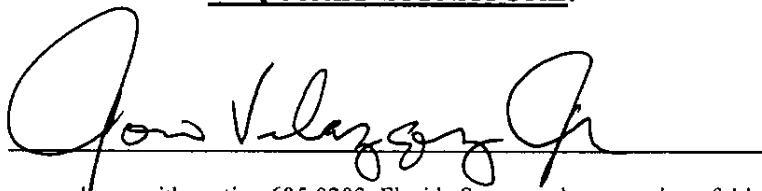
The following people and/or entities shall be members of the Limited Liability Company:

Jovino Velazquez, Jr. – Managing Member
676 Yale Road
DeLand, Florida 32724

**ARTICLE 5
EFFECTIVE DATE**

The effective date of the above-stated Limited Liability Company shall be March 9, 2015.

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to read "Jovino Velazquez Jr.", written over a horizontal line.

(In accordance with section 605.0203, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jovino Velazquez Jr
Typed or printed name