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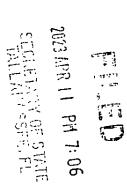
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| Division of C | Corporations | | | | | | | |
|--|---|--------|------------------------------------|--------------------------|--|-------------------------------|-----------|-------|
| SUBJECT: Merchan | t Card Services, LLC | | | | | | | |
| | (Name of Res | ultin | g Florida Limi | ed C | Company) | _ | | |
| The enclosed Article Business Entity" into | s of Conversion, Artic a "Florida Limited Li | les o | of Organizati ity Company | on, a | and fees are submitted to accordance with s. 605.1 | convert a | ເກ "Ot | her |
| Please return all corr | espondence concernin | g thi | s matter to: | | | | | |
| Roger Watzman | | | | | | | | |
| ······ | (Contact Person) | • | ·· | - | | | | |
| Merchant Card Service | es, LLC | | | | | | | |
| | (Firm/Company) | | | • | | | | |
| 651 Holiday Dr., Foste | er Plaza 5, Suite 400 | | | | | | | |
| | (Address) | | | - | | | | |
| Pittsburgh PA 15220 | | | | | | | | |
| (1 | City, State and Zip Code) | | | - | | | | |
| roger.watzman@cardo | connectus.net | | | | | | | |
| E-mail Address: (to b | e used for future annual re | port 1 | notifications) | - | | | | |
| For further informati | on concerning this ma | tter, | please call: | | | | | |
| Gene Tempesta | C | | • | ⁷ 90. | 1-7487 | | | |
| (Name of Conta | act Person) | _a | (Area Code) | | Daytime Telephone Number) | | | |
| | for the following amou a bank located in the | | | госс | essed by this office must | be payabl | e in U | JS |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles | S155.00 Filing Fees and Certificate of Status | | \$180.00 Filing I Certified Cop | | S 185.00 Filing Fees, Certified Copy, and Certificate of Status | | | |
| of Organization) | | | | | | | 2023 | |
| Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I | ection Corporations 7 | | | New Div The 241 | eet Address: w Filing Section vision of Corporations c Centre of Tallahassee 5 N. Monroe Street, Suite lahassee, FL 32303 | CRETARY OF ST ALLAHASSEE F | APR 11 PM | 10020 |
| | | | | ıaıl | ianassec, FL 32303 | TATE FL | 7:06 | |

TO: New Filing Section

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

| | erchant Card Services, LLC (Enter Name of Other Business Entity) |
|----------|--|
| 2. | The "Other Business Entity" is a limited liability company |
| | (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| Fi | rst organized, formed or incorporated under the laws of Pennsylvania (Enter state, or if a non-U.S. entity, the name of the country) |
| | March 11, 2013 |
| on | (date of organization, formation or incorporation) |
| 3. | The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| M | erchant Card Services, LLC |
| _ | (Enter Name of Florida Limited Liability Company) |
| 4. | If not effective on the date of filing, enter the effective date: |
| th No | The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Out: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the comment's effective date on the Department of State's records. |
| 5. | The plan of conversion has been approved in accordance with all applicable statutes. |
| | |
| 6. | The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. |

| Signed this 3rd day of April | _ 20 <u>_ 2 3</u> |
|---|--------------------------|
| Signature of Authorized Representative of Limit | ted Liability Company: |
| Signature of Authorized Representative: Printed Name: Eugene P. Tempesta | Title: Legal Counsel |
| | |
| Signature(s) on behalf of Other Business Entity: | |
| Signature: Employers Printed Name: Eugene Prempesta | |
| Printed Name: Eugene P Tempesta | Title: Legal Counsel |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature:Printed Name: | Title- |
| Timed Fune. | |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Cionatura | |
| Signature: | _ Title: |
| | |
| <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or (| Officer |
| If Directors or Officers have not been selected, an Inc | |
| | |
| 1f Florida General Partnership or Limited Liabili | ty Partnership: |
| Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| All others: | |
| Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company | rio: | |
|---|--|---|
| The name of the Emilied Elability Company | / 15. | |
| | | |
| Merchant Card Services, LLC | ability Company, "L.L.C.," or "LLC.") | |
| (Musi contain the words Limited Lie | ionny Company, E.E.C., or EEC.) | |
| ARTICLE II - Address: | | |
| The mailing address and street address of th | e principal office of the Limite | d Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| Timelpar Office /xdu/css. | Maning Madiess. | |
| Merchant Card Services, LLC | Merchant Card Services, LI | LC |
| 780 S. Sapodilla Ave., Unit #511 | 651 Holiday Dr, Foster Plaz | za 5, Ste 400 |
| West Palm Beach FL 33401 | Pittsburgh PA 15220 | ····· |
| ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the server and the Florida street address. | egistered Agent. You must designate an i | |
| Roger Watzman | | |
| | ame | |
| 780 S. Sapodilla Ave., Uni | # #511 | |
| | P.O. Box NOT acceptable) | |
| West Palm Beach | FL ³³⁴⁰¹ | |
| City | Zip | |
| | ed in this certificate, I hereby acc pacity. I further agree to compl ete performance of my duties, an | cept the appointment as ly with the provisions of all nd I am familiar with and |
| | | Sign Ps (The |

| | DOT | | - | |
|---|-----|-----|-----|-----|
| А | KI. | ICI | JH. | IV- |

The name and address of each person authorized to manage and control the Limited Liability Company:

| <u>Title:</u> | Name and Address: | |
|--|--|------------------|
| "AMBR" = Authorized Member | | |
| "MGR" = Manager | | |
| AMBR | Roger Watzman | |
| | 651 Holiday Dr., Foster Plaza 5, Suite 400 | |
| | Pittsburgh Pa 15220 | |
| Mca | Ω | |
| MGR | Roger Watzman | ^ . |
| | Koger Watzman 651 Holiday Dr. Foster Suite 400 | PLA |
| | Suite 460 | |
| | Pittsburgh PA 15220 | |
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| | | |
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| | | |
| (Use attachment if necessary) | | |
| (| | |
| LE V: Other provisions, if any. | | |
| | | |
| REQUIRED SIGNATURE: | | |
| REQUIRED SIGNATURE: | | |
| REQUIRED SIGNATURE: | aya Phinn | |
| required signature: | | |
| REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance | an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware tha | t |
| REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu | an authorized representative of a member | t |
| Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. | r an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felon | t |
| REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. | r an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felon | t |
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| Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. EUGUNE Ty | ran authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware tha ament to the Department of State constitutes a third degree felon P. The France yped or printed name of signec Filing Fees of Organization and Designation of Registered Ag | y ⊛ nt |
| Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. | r an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware tha ument to the Department of State constitutes a third degree felon P. The Form yped or printed name of signee Filing Fees of Organization and Designation of Registered Ag nal) \$ 5.00 Certificate of Status (Eptional) | y 2€nt 11 |
| Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. EUGUNE Ty | r an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware tha ument to the Department of State constitutes a third degree felon P. The Form yped or printed name of signee Filing Fees of Organization and Designation of Registered Ag nal) \$ 5.00 Certificate of Status (Eptional) | y 2€nt 11 |
| Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. EUGUNE Ty | r an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware tha ument to the Department of State constitutes a third degree felon P. The Form yped or printed name of signee Filing Fees of Organization and Designation of Registered Ag nal) \$ 5.00 Certificate of Status (Eptional) | g Ent |
| Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. EUGUNE Ty | ran authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware tha ament to the Department of State constitutes a third degree felon P. The Form yped or printed name of signee Filing Fees of Organization and Designation of Registered Ag nal) \$ 5.00 Certificate of Status (Optional) | y 2€nt 11 |