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TRANSMITTAL LETTER

TO:	Registration Se Division of Cor					-		er.
SUBJ	ECT: SIA Ent	erprises, LLC						
		(Nam	e of corpora	ation - must inc	lude suffix)			
Dear S	ir or Madam:							
"Certif	iclosed "Applicat ficate of Existence to business in Flor	e", and check are						
Please	return all corresp	ondence concern	ing this mat	ter to the follow	wing:			
		Xochit	l C. Salda	ña				
			(Name	of Person)				
-		SIA Enter	rprises, LL	c _	<u> </u>			
			(Firm/	Company)				
		105 W. M	adison Su	ite 1800	- -			
			(A	ddress)				
		Chic	ago, Illino	is 60602				
			(City/Sta	te and Zip code	:)			
For fur	ther information	concerning this n	natter, pleas	e call:				
Mrs. S	aldaña		at (312	₎ 384-59	52			
	(Name of Perso	on)	(Are	a Code & Dayt	ime Telepho	one Number)	
Registr Divisio 409 E.	ET ADDRESS: ration Section on of Corporation Gaines St. assee, FL 32399	s		Registration of P.O. Box 6	f Corporatio	ons		- - -
Enclos	ed is a check for	the following am	ount:					
□ \$70	.00 Filing Fee	☐ \$78.75 Filin Certificate		S78.75 Fili Certified C		Certifi	Filing Fee, cate of Status of Copy	&

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:								
1.	SIA Enterprises, LLC								
	(Name of foreign limited liability company)								
2	Illinios 3 38-368-9012								
~` <u>(</u>	Illinios 3. 38-368-9012 Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)								
4	Septmeber 17,2003 5. Perpetual								
••	Septmeber 17,2003 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")								
6	Upon Qualification								
0.	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)								
7.	SIA Enterprises, LLC								
	105 W. Madison Suite 1800 Chicago, Illinois 60602								
	(Street address of principal office)								
8.	If limited liability company is a manager-managed company, check here								
	The name and usual hyginess addresses of the managing members or managers are as follows:								
	of the second se								
	James R. Brandt 105 W. Madison Suite 1800 Chicago, Illinois 60602								
	- Samoo : 11								
	- 								
10.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)								
11.	Nature of business or purposes to be conducted or promoted in Florida: Sell, lease, market								
	distribute &otherwise offer retail merchant processing services & products related thereto								
•	N SOON AND SOON								
	Signature of a member or an authorized representative of a member.								
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)								
	$T \sim OO^{-1}$								
	<u>James K. Brancit</u> Typed or printed name of signee								

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	e of the Limited Liability	Company is:			
Sia Enterpris	ses, LLC				
2. The name	e and the Florida street ad	dress of the registered agent and office	are:		
	NRAI Services, Inc.				
		(Name)			
	526 E. Park Avenue				
Florida street address (P.O. Box NOT ACCEPTABLE)					
	Tallahassee	_{FL} 32301			
		(City/State/Zip)			

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.

NRAI Services, Inc.

By: \ \ / 1 1 1 2 ... -

(Signature) Irene F. Lovett Asst. Secy, NRAI

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

File Number

0100540-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that SIA ENTERPRISES, LLC,

day of

SIA ENTERPRISES, LLC,
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 17, 2003,
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT
BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

JANUARY 2004

A.D.

esse White