

M04000001081

Ross Fleetwood

(Requestor's Name)

3925 LEANE DR.

(Address)

(Address)

TALLAHASSEE, FL 32312

(City/State/Zip/Phone #)

☐

PICK-UP



WAIT

☐

MAIL

ATLANTIC Payment Systems, INC.

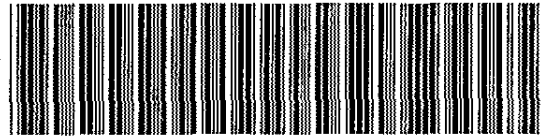
(Business Entity Name)

(Document Number)

Certified Copies _____, Certificates of Status _____

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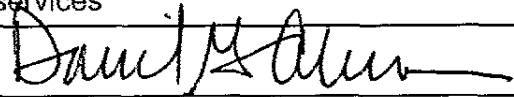
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Atlantic Payment Systems, LLC
(Name of foreign limited liability company)
2. Vermont
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 03-0369362
(FEI number, if applicable)
4. September 16, 1999
(Date of Organization)
5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. April 2, 2004
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 3713 Pinetip Road
Tallahassee, Florida 32313-1016
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:
Daniel G. Alcorn 1179 Hedgewood Lane Niskayuna, New York 12309

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: commercial and
consumer financial services



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.)
Daniel G. Alcorn

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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**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 of the Limited Liability Company is:

Atlantic Payment Systems, LLC

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

Ross Fleetwood

(Name)

3713 Pinetip Road,

Florida street address (P.O. Box **NOT** ACCEPTABLE)

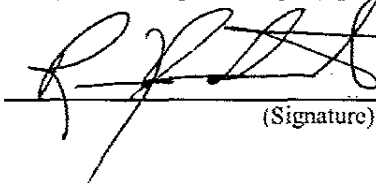
Tallahassee,

FL

32313-1016

(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.



(Signature)

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

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Deborah L. Markowitz, Secretary of State of the State of Vermont, do hereby certify that according to the records of this office

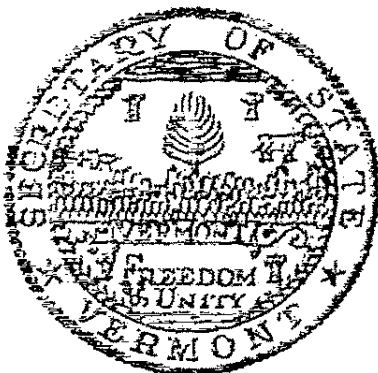
ATLANTIC PAYMENT SYSTEMS, LLC

a limited liability company formed under the laws of the State of Vermont

was filed for record in this office on September 16, 1999 and that its most recent report is on file, and that articles of termination have not been filed.

March 08, 2004

*Given under my hand and the seal
of the State of Vermont, at
Montpelier, the State Capital*



Deborah L. Markowitz

Deborah L. Markowitz
Secretary of State