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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

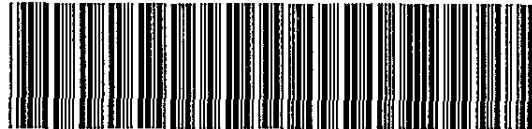
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TALLAHASSEE, FLORIDA

05 APR 25 AM 10:26

U.S. DEPT. OF COMMERCE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COVANTAGE PROCESSING, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

DOUG REICH
(Name of Person)

COVANTAGE PROCESSING, LLC % NICOLET CAPITAL MANAGEMENT, LLC
(Firm/Company)

11621 KEW GARDENS AVE, STE 210
(Address)

PALM BEACH GARDENS, FL 33410
(City/State and Zip Code)

For further information concerning this matter, please call:

ED CHESTOLOWSKI at (561) 622-8343
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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FBI

**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. COVANTAGE PROCESSING, LLC
(Name of Foreign Limited Liability Company)
2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 13-4296876
(FEI number, if applicable)
4. APRIL 15, 2005
(Date of Organization)
5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 11621 KEW GARDENS AVE, STE 210
PALM BEACH GARDENS, FL 33410
(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:

ELECTRONIC COMMERCE ACQUISITION FUND I, LP
11621 KEW GARDENS AVE, STE 210
PALM BEACH GARDENS, FL 33410

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: MERCHANT
SALES AND SERVICES FOR ELECTRONIC PAYMENT PROCESSING BUSINESSES.

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.)

DOUG REICH

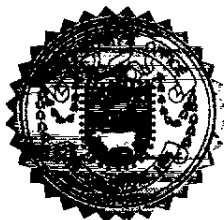
Typed or printed name of signee

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVANTAGE PROCESSING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF APRIL, A.D. 2005.



3957022 8300

050308813

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3820854

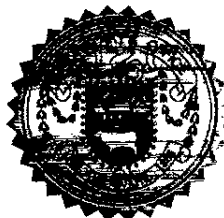
DATE: 04-19-05

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "COVANTAGE PROCESSING, LLC", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF APRIL, A.D. 2005, AT 11 O'CLOCK A.M.



3957022 8100

050308813

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3820850

DATE: 04-19-05

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:00 AM 04/15/2005
FILED 11:00 AM 04/15/2005
SRV 050308813 - 3957022 FILE

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

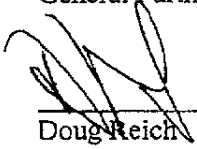
- **First:** The name of the limited liability company is CoVantage Processing, LLC.
- **Second:** The address of its registered office in the State of Delaware is 2711 Centerville Road, Suite 400, in the City of Wilmington, Delaware 19808. The name of its Registered Agent at such address is Corporation Service Company.

In Witness Whereof, the undersigned has executed this Certificate of Formation this 14th day of April, 2005.

By: Electronic Commerce Acquisition Fund I, LP
Its: Member Manager

By: Electronic Commerce Holdings Group, LP
Its: General Partner

By: Electronic Commerce Partners, LLC
Its: General Partner

By: 
Doug Reich
Member Manager

**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:

COVANTAGE PROCESSING, LLC

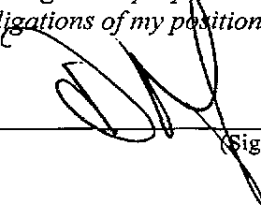
2. The name and the Florida street address of the registered agent and office are:

DOUG REICH
(Name)

11621 KEW GARDENS AVE, STE 210
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

PALM BEACH GARDENS FL 33410
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, Florida Statutes.


(Signature)

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

05 APR 25 AM 10:26
TALLAHASSEE, FLORIDA