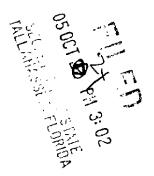
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PICK-UP	☐ WAIT	MAIL
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Office Use Only



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ACCOUNT NO. : 072100000032

REFERENCE: 666730 5024173

AUTHORIZATION

COST LIMIT

ORDER DATE: October 21, 2005

ORDER TIME : 10:08 AM

ORDER NO. : 666730-010

CUSTOMER NO: 5024173

#### FOREIGN FILINGS

NAME: SUPERIOR BANKCARD SERVICE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER:

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

ITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	SS, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR STATE OF FLORIDA:
Superior Bankcard Service LLC	Per C
(Name of Foreign Limited L	diability Company)
	30-0305788
Jurisdiction under the law of which foreign limited liability ompany is organized)	(FEI number, if applicable)
	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
May 1, 2005	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	
1655 Palm Beach Lakes Blvd., Suite 102	
W. Palm Beach, FL 33401	
	of Principal Office)
The name and usual business addresses of the manu-	aging members or managers are as follows:
26520 Agoura Road, Calabasas, CA 91302	
Attached is an original certificate of existence, no more than 90 of jurisdiction under the law of which it is organized. (A photocopy is lation of the certificate under oath of the translator must be subtracture of business or purposes to be conducted or	mitted)
Sales support for merchant accounts.	
Med n	
(In accordance with section 608.408(3), F an affirmation under the penalties of perj	thorized representative of a member.  S., the execution of this document constitutes ury that the facts stated herein are true.)
(In accordance with section 608.408(3), F	S., the execution of this document constitutes ury that the facts stated herein are true.)

## 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 o	of the Limited Liability Company is:	
Superior Bankea	ard Service LLC	
2. The name a	and the Florida street address of the registered agent and office are:	
	Corporation Service Company	
	(Name)	
	1201 Hays Street	
	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, Florida Statutes.

By: Carla Lohi
Asst. Vice President

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

# Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUPERIOR BANKCARD SERVICE 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 TWENTY-FOURTH DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUPERIOR BANKCARD SERVICE LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Farriet Smith Hindson

AUTHENTICATION: 4245027

DATE: 10-24-05

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