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PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 07-16-07

NAME: PAYMENTECH, LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUISNESS

COST: \$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

N O IMI	OMPLIANCE WITH SECTION 608.503, FLORIDA STATED LIABILITY COMPANY TO TRANSACT BUSINESS IN	TUTES THE S	IS, THE FOLLOWING IS SUBMITTED TO AUGISTER A FORE STATE OF FLORIDA:
	Paymented		78.1
٠	(Name of Foreign Limit		
	(remie of 1 ortige Elling	was Ins	acounty Company)
, D	elaware	3.	4376894
(ไข	risdiction under the law of which foreign limited liabili npany is organized)	ity .	(FEI number, if applicable)
	lune 21, 2007	5.	perpetual
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
	(Date first transacted business is (See sections 608,501 & 608,502	n Flor F.S. t	rida, if prior to registration.) to determine penalty liability)
1	4221 Dallas Parkway Dallas		TX 75254
T -	MandedManage		aging members or managers are as follows:
	[基础][基础][基础]		•
eju		сору	lays old, duly authenticated by the official having custody of record y is not acceptable. If the certificate is in a foreign language, a nitted)
.]	Nature of business or purposes to be conducted	d or j	promoted in Florida:
_ <u>c</u>	redit and debit card processing		
		0	
	Signature of a member or an	Systh	thorized representative of a member.
			S., the execution of this document constitutes
	an affirmation under the penalties of	periur	ry that the facts stated herein are true.)
	DAVE J.	-13	man
		ted t	name of signee
	i pod u pin		

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:					
	Paymentech, LLC					
2.	The name and the Florida street address of the registered agent and office are:					
	Capitol Corporate Services, Inc.					
	(Name)					
	155 Office Plaza Dr., Suite A					
	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.

Dayle Wundle Gayle Windle, Asst. Secretary on behalf of Capitol Corporate Services, Inc. (Signature)

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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAYMENTECH, 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 THIRTEENTH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAYMENTECH, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2007.

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

4376894

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5841726

DATE: 07-13-07

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