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Division of Corporations

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Account Name Account Number : Il9990000010

: BROAD AND CASSEL-WPB

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Effective Payment Management, LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	03		
Estimated Charge	\$125.00		

C. LEWIS MAY 2 1 2009 **EXAMINER**

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5/20/2009

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

IN COMPLIANCE WHILL SECTION GROSS, PLANEDA SERVINES, THE FOLLOWING IS SERVETTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANT TO TRANSACT HUSINESS IN THE STATE OF MIDRIDA:

1.	1. Effective Payment Management, LLC (Name of Poreign Limited Liability Company; must lacitude "Limited".	ed Liability Company,""L.L.C.," or "LLC.")	
QD1	(If name unavailable, enter alternate name adopted for the purpose of trans- consent of the managers or managing members adopting the alternate name Company, ""L.L.C." "LIC.")	ncting business in Florida and zinach a copy of the strength o	he writte bility
2.	2 State of New Jamey 3, 26-40	7	
4	(Jurisdiction under the law of which foreign limited liability company is organized)	(Fill sumber, if applicable)	
4.	4, 1,13.09 5, Perpet		
	(Dato of Organization) (Dura exist of	tion; Year Inpited liability company will sease to at "perpetual")	6
6.	6. None conducted at this time (Date first transacted business in Florida, if pri		
	(See sections 608.501 & 608.502 F.S. to determ	ins penalty liability)	
7,	7, 531 Village 81vd, Suite 905-185, West Falm Seach, PL 224	09	-
	(Street Address of Principa	al Office)	_
8.	8. If limited liability company is a manager-managed company	9, check here	
9.	9. The name and usual business addresses of the managing me	unbars or managers are as follows:	
	William W. Heeron, 931 Village Blvd, Suite 905-159, West	: Falm Beach, FL 33409	
		1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994	
••			~~~
tr	 Attribut is an original certificate of evidence, no more than 90 days old, do for jurisdiction under the law of which his organized. (A photocopy is not acc 		
(02)	innificion of the certificate under onth of the translator must be submitted.)		
11	 Nature of business or purposes to be conducted or promote 	ed in Florida: Merchant Services	_
			 ,
	We with		
	Signature of a member or an authorized		
	(in excintance with section 608.408(3), F.S., the exec an affirmation under the panalites of perjury that the		
	Hilliam W. Howron	E v	200 ``
	Typed or printed name of	falgues	

561 655 1109

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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 PLORIDA.

	EFFECTIVE PAYMENT MANAGEMENT, LLC			
The second secon	ELL FOURT WENT WANAGEMENT LLC			
If unavailable, th	ne alternate to be used in the state of Florida is:			
	s.			
2. The name and	i the Florida street address of the registered agent and office are:	SECRE	7009 MAY	77
	Corporate Creations Network Inc.	ASS	20	
•	(Namo)	E E	P	m
	11380 Prosperity Ferms Road #221E	FL GA	8:5	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	- REAL	5	
	Palm Beach Gardens, FL 33410	-		`." [*] **
	City/Smte/Zip			

Having been named as registered agent and to accept sorvice of process for the above stated limited liability company at the place designated in this certification 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.

Angela Howard, Special Secretary

(Signature)

\$ 100.00 Filing Ree for Application

\$ 25.00 Durignation of Registered Agent

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\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

561 655 1109

STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

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EFFECTIVE PAYMENT MANAGEMENT, LLC

0600338019

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 13, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

William Hearon 301 North Harrison St Suite 182 Princeton, NJ 08540



Certification# 114419965

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 19th day of May, 2009

R. David Rousseau State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp