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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name .: SHUTTS & BOWEN, LLP

Account Number : 076447000313>

Phone

: (305)358-6300.

Fax Number

: (305)381-9982

#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

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### WORLDWIDE ATM EXPRESS, LLC

Certificate of Status	U
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EXAMINER

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

IN COMPILANCE WITH SECTION (OLSOS, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	WORLDWIDE ATM EXPRESS, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	"LLC:")	<del>,</del>	
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach pushed of the managers or managing members adopting the alternate name. The alternate name must include "ompany," "L.L.C." "LLC.")			ten
2.	Delaware 3. 27-0399463 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)			
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)			
4.	June 18, 2009 5. Perpetual (Date of Organization) (Duration: Year limited liability company			
	(Date of Organization) (Duration: Year limited liability company exist or "perpetual")	will cease	to	
6.	N/A			
	(Date first transacted business in Florida, if prior to registration.) (See aections 608,501 & 608,502 F.S. to determine penalty liability)			
~	401 East Las Olas Blvd., Suite 130 - 356	<u>2</u> 2	9	
7.	101 Cast Cas Olds Diva, Oslio 100 - 000	- <del> </del>	FUZ.	
	Fort Lauderdale, Florida 33301	E.	Z	
	(Street Address of Principal Office)	AR SS	26	Г
8.	If limited liability company is a manager-managed company, check here X	Y OF	AM 10:	7
9.	If limited liability company is a manager-managed company, check here X  The name and usual business addresses of the managing members or managers are as folio  Craig Sienema	STA STA	10: 35	C
	Craig Sienema	Ömi	_ _	
	401 East Las Olas Blvd., Suite 130 - 358			
	Fort Lauderdale, Florida 33301			
ψe	. Attached is an uniginal certificate of existence, no more than 90 days old, duly authenticated by the official having a burishiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign relation of the certificate under ceth of the translator must be submitted.)			n
11	. Nature of business or purposes to be conducted or promoted in Florida: any activity or	busines	<u>s</u>	
	permitted under the laws of the United States and of the State of Florida.		_,	
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(1), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)			
	Craig Signema			•
	Typed or printed name of signer			

## 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:	
W	ORLDWIDE ATM EXPRESS, LLC	
If unavailable, the alternate t	to be used in the state of Florida is:	
2. The name and the Florida	street address of the registered agent and office are:	SECR
·	Corporation Company of Miami (Name)	JUN 26 / PRETARY I
	201 S. Biscayne Blvd., Suite 1500 Florida Street Address (P.O. Box NOT ACCEPTABLE)	AM 10: 35 OF STATE E. FLORID
	Miami FL 33131 Ciry/State/Zip	
liability company at the place agent and agree to act in this relating to the proper and con obligations of new position of the proper and control of the propertion of the position of the position of the position of the properties of the position of the properties of the place of the place of the properties of the place	ered agent and to accept service of process for the above designated in this certificate. I hereby accept the appoin capacity. I further agree to comply with the provisions of applete performance of my duties, and I am familiar with degistered agent as provided for in Chapter 608, Florida Anderson	tment as registered of all statutes and accept the
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	
	\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)	

\$ 5.00 Certificate of Status (optional)

# Delaware

pace 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WORLDWIDE ATM EXPRESS, 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-FIFTH DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WORLDWIDE ATM ...
EXPRESS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JUNE, A.D.
2009.

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

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You may verify this cortificate online at corp.delaware.gov/authver.shtml

AUTHENTY CATION: 7384847

DATE: 06-25-09