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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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10 MAR 18 AM 8:42  
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TALLAHASSEE, FLORIDA

W1-6257

J. BRYAN

MAR 19 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MUNICIPAY, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICA DELISLE

Name of Person

MUNICIPAY, LLC

Firm/Company

400 TECHNOLOGY WAY

Address

SCARBOROUGH, ME 04074

City/State and Zip Code

JDELISLE@GETNATIONWIDE.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JESSICA DELISLE

Name of Person

at ( 877 )

290-1975X5209

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2010

JESSICA DELISLE  
MUNICIPAY, LLC  
400 TECHNOLOGY WAY  
SCARBOROUGH, ME 04074

SUBJECT: MUNICIPALPAY, LLC  
Ref. Number: W10000006257

We recieved your check and certificate but no form was sent with this, not sure what you are wanting to do.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 810A00003157

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



#2

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2010

JESSICA DELISLE  
MUNICIPAY, LLC  
400 TECHNOLOGY WAY  
SCARBOROUGH, ME 04074

SUBJECT: MUNICIPAL, LLC  
Ref. Number: W10000006257

You failed to make the correction(s) requested in our previous letter.

You have failed to send the form, you have sent cover letter & certificate but no document. Please send us the completed form.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 810A00004253

*Sorry for the misunderstanding!  
Thank you!*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2010

JESSICA DELISLE  
MUNICIPAY, LLC  
400 TECHNOLOGY WAY  
SCARBOROUGH, ME 04074

SUBJECT: MUNICIPAL, LLC  
Ref. Number: W10000006257

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10 MAR 18 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for MUNICIPAL, LLC and your check(s) totaling \$30.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$95.00.

See the attached fee schedules

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 710A00005732

Joey,  
We would like the certified copy of  
record, please. I have enclosed our  
check for the other fees.  
Thank you for all of your help!  
Jessica  
Municipay

**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. MUNICIPAY, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. DELEWARE 3. 26-4777867  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4/22/2009 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. AFTER APPROVAL  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 400 TECHNOLOGY WAY  
SCARBOROUGH, ME 04074  
(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:

JAMIE NONNI, 6 GRETA WAY, FALMOUTH, ME 04105


PATRICK ALLEN, 5 HIDDEN CREEK DR, SCARBOROUGH, ME 04074

EVO, 515 BROADHOLLOW RD, MELVILLE, NY 11747

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: MUNICIPAL

CREDIT CARD PROCESSING

  
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.)

JAMIE NONNI

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

MUNICIPAY, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

NRAI Services, Inc.  
(Name)  
2731 Executive Park Dr. Suite 4  
Florida Street Address (P.O. Box NOT ACCEPTABLE)  
Weston FL 33331  
City/State/Zip

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TALLAHASSEE, FLORIDA

*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.*

*NRAI Services, Inc.*

*by: Lindsey Klemencic*  
(Signature)

Lindsey Klemencic, Assistant Secretary

\$ 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*

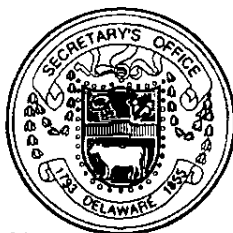
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MUNICIPAY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF DECEMBER, A.D. 2009.

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TALLAHASSEE, FLORIDA

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7697762

DATE: 12-14-09