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To.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future in including the intermediate the email address please.**

Foreign Limited Liability Company Electronic Transaction Partners, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT, ELECTRONIC TRANSACTION PARTNERS, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this maner to the following:

JOHN F. BLEVINS	_	
Name of Person		
ELECTRONIC TRANSACTION PARTNERS, LLC		
Firm/Company	•	
140 GIBSON ROAD, SUITE B		
Addresa	-	
LEXINGTON, S.C. 29072	₹	~;
City/State and Zip Code	SEC	2011 MAR 29
jblevlns@etranzpartners.com	RETA AHAS	.X.R
E-mail address: (to be used for future annual report notification)	\sim	25
For further information concerning this matter, please call:	EFO:	
JOHN F. BLEVINS at (803) 358-7200	rica	S E
Name of Person Area Code & Daytime Telephone Number		ည
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	15	
Enclosed is a check for the following amount: \$\int\S125.00\text{ Filing Fee} \int\S130.00\text{ Filing Fee & S160.00\text{ Filing Fee, Certificate of Status}} Certificate of Status \$\int\S155.00\text{ Filing Fee & S160.00\text{ Filing Fee, Certified Copy}} \$\int\S165.00\text{ Filing Fee & Certified Copy} \$\int\S165.00 Filing Fee & C		

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Name of Poreign Limited Liability Company; must include the company in the compan	S, LLC de "Limited Liability Company," "L.L.C" or "LLC	(.n)
f name unavailable, onter alternate name adopted for the purposent of the managers or managing members adopting the alter ompany," "L.L.C," "LLC.")	ne of transacting business in Florida and attach a copmate name. The alternate name must include "Limite	y of the w
DELAWARE 3.	27-1694041	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
1/10/2010 5,	perpetual	
(Date of Organization)	(Duration: Year limited liability company will exist or "perpetual")	ease to
N/A		
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	rida, if prior to registration.) to determine penalty liability)	
140 GIBSON ROAD, SUITE B		
LEXINGTON, S.C. 29072		Z _S
	f Principal Office)	A R
If limited liability company is a manager-managed of	sympany check here [7]	HA ET/
it tituted tractite company to a named a manager -	confearly, entress not a [E]	SSE YRY
The name and usual business addresses of the management		mo.
Wade B. Cordell 140 Gibson Rd, Suite B, Les	xington, S.C.	
O. Bradshaw Cordell 140, Gibson Rd. Let		ATE
John F. Blevins, 140 Gibson Road, Lex	tington, S.C. 29072	
Attached is an original certificate of existence, no more than 90 da jurisdiction under the law of which it is organized. (A photocopy instation of the certificate under onth of the translator must be submit	is not acceptable. If the certificate is in a foreign langua ted.)	age, a
. Nature of business or purposes to be conducted or p	promoted in Florida: Financial Services Bus	iness
John F/S	leu-	'
	orized representative of a member.	
(In accordance with section 608,408(3), F.S., the execution mentions of persons that the facts stated begins are true.	on of this document constitutes an affirmation under the I am aware that any false information submitted in a	
	third degree felony as provided for in s.817.155, F.S	

Typed or printed name of signee

JOHN F. BLEVINS

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

	ne of the Limited Liability (RONIC TRÂNSAC ple, the alternate to be used	CTION PARTNERS, LLC	
		dress of the registered agent and office are:	
	CT CORPORATION	N SYSTEM	·
	3	(Name)	· · · · · · · · · · · · · · · · · · ·
	1200 SOUTH PIN		
	b fourds same	ot Address (P.O. Box NOT ACCEPTABLE)	201 SE 'ALI
•	PLANTATION	բլ_ 3 3324	CRECAH
,	li ii	City/State/Zip	2011 MAR 29 SECRETARY ALLAHASSEE
Havino heen	named as registered agent opens of the place designated	and to accept service of process for the abov I in this certificate, I hereby accept the appoi I further agree to comply with the provisions	intment as régistèred 👝 💎

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELECTRONIC TRANSACTION PARTNERS, 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-NINTH DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

8300

110349878

4776705

DATE: 03-29-11

TION: 8654583