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Florida Department of State

Division of Corporations

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ATT:  
Barbara  
Burke

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**Foreign Limited Liability Company  
Fidelity information Services, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	09
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TALLAHASSEE, FLORIDA

C. LEWIS  
OCT 17 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fidelity Information Services, 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 matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
wanda.smith@fisglobal.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
at ( )  
Area Code & Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. Fidelity Information Services, 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. Arkansas

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 37-1490331

(FEI number, if applicable)

4. 03/25/2011

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. 09/01/2011

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

7. 601 Riverside Ave., Jacksonville, FL 32204

(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:

Fidelity National Information Services, LLC, 602 Riverside Ave., Jacksonville, FL 32204

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: \_\_\_\_\_

SEE ATTACHMENT

  
\_\_\_\_\_  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael L. Gravelle

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

Fidelity Information Services, 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:

C T Corporation System  
(Name)

1200 South Pine Island Road  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation FL 33324  
City/State/Zip

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*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.*

C T Corporation System

By:

Barbara A. Burke

(Signature)

Barbara A. Burke  
Special 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)

**Attachment to Florida**

**Nature of the LLC's Business**

Provider of information based technology solutions and processing services to the mortgage and financial services industries.

**Attachment 1**

**Application for Certificate of Registration for Foreign Limited Liability Company  
Officers & Directors/Managers**

1. Full Name: Gary A Norcross  
Officer/Director: Officer  
Officer's Title: Chief Executive Officer and President  
Officer/business Address: 601 Riverside Ave.  
City: Jacksonville  
State: FL, 32204
2. Full Name: Michael D. Hayford  
Officer/Director: Officer  
Officer's Title: Corporate Executive Vice President,  
Chief Financial Officer  
Business Address: 601 Riverside Ave.  
City: Jacksonville  
State: FL, 32204
3. Full Name: Michael L. Gravelle  
Officer/Director: Officer  
Officer's Title: Corporate Executive Vice President,  
Chief Legal Officer and Corporate Secretary  
Business Address: 601 Riverside Ave.  
City: Jacksonville  
State: FL, 32204
4. Full Name: Brent Bickett  
Officer/Director: Officer  
Officer's Title: Corporate Executive Vice President, Corporate Finance  
Address: 601 Riverside Ave.  
City: Jacksonville  
State: FL, 32204
5. Full Name: Ram V. Chary  
Officer/Director: Officer  
Officer's Title: Executive Vice President – Global Commercial Services  
Business Address: 601 Riverside Ave.  
City: Jacksonville  
State: FL, 32204
6. Full Name: Richard Lynn Cox  
Officer/Director: Officer  
Officer's Title: Senior Vice President and Chief Tax Officer  
Business Address: 601 Riverside Ave.  
City: Jacksonville  
State: FL, 32204
7. Full Name: Frank D'Angelo  
Officer/Director: Officer  
Officer's Title: Executive Vice President - Payment Solutions  
Business Address: 601 Riverside Ave.  
City: Jacksonville  
State: FL, 32204

8. Full Name: Mark Philip Davey  
Officer/Director: Officer  
Officer's Title: Executive Vice President, International  
Business Address: 601 Riverside Ave.  
City: Jacksonville  
State: FL, 32204
9. Full Name: Brian Hurdls  
Officer/Director: Officer  
Officer's Title: Executive Vice President - Technology Services  
Business Address: 601 Riverside Ave.  
City: Jacksonville  
State: FL, 32204
10. Full Name: Anthony Jabbour  
Officer/Director: Officer  
Officer's Title: Executive Vice President - Financial Solutions  
Business Address: 601 Riverside Ave.  
City: Jacksonville  
State: FL, 32204
11. Full Name: Kirk T Larsen  
Officer/Director: Officer  
Officer's Title: Senior Vice President and Treasurer  
Business Address: 601 Riverside Ave.  
City: Jacksonville  
State: FL, 32204
12. Full Name: Jason I. Couturier  
Officer/Director: Officer  
Officer's Title: Vice President and Assistant Treasurer  
Business Address: 601 Riverside Ave.  
City: Jacksonville  
State: FL, 32204
13. Full Name: Richard A. Levy  
Officer/Director: Officer  
Officer's Title: President, Advanced Commerical Banking  
System Division  
Business Address: 601 Riverside Ave.  
City: Jacksonville  
State: FL, 32204
14. Full Name: Stacey A. Lombardi  
Officer/Director: Officer  
Officer's Title: Vice President and Assistant SecretaryBusiness  
Address: 601 Riverside Ave.  
City: Jacksonville  
State: FL, 32204



**Arkansas Secretary of State  
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**FIDELITY INFORMATION SERVICES, LLC**

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office March 25, 2011.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 13th day of October 2011.

*Mark Martin*

Mark Martin

Secretary of State

Online Certificate Authorization Code: 9222da7a37e4bd6

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)