Division of rorida Department of State

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L. SELLERS

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Foreign Limited Liability Company iPayment Sales, LLC

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11/28/2012

COVER LETTER

SUBJECT: _	iPayment Sales, LLC		
	<u></u>	Name of Limited Liability Company	
		Liability Company for Authorization to Transact Business in Florida," ne above referenced foreign limited liability company to transact business.	
Picase return a	Il correspondence concerning this	s matter to the following:	
	Terrence G. Boyle	· · · · · · · · · · · · · · · · · · ·	
		Name of Person	
	Paul Hastings, LLP		•
		Firm/Company	
	75 East 55th Street		
		Address	•
	New York, NY 10022		
		City/State and Zip Code	•
	terrenceboyle@paulhast	tings.com	
	E-mail addres	ss: (to be used for future annual report notification)	
For further info	ormation concerning this matter,	please onli:	
·	Name of Person	Area Code & Daytime Telephone Number	
	lague of Lector		7
	LING ADDRESS: ion of Corporations	STREET ADDRESS:	
	tration Section	Division of Corporations Registration Section	•
_	Box 6327	Clifton Building	
Tallat	hassee, FL 32314	2661 Executive Center Circle Tallahassos, FL 32301	
Enclosed is	a check for the following an	nount:	
		g Fee & \$155.00 Filing Fee & \$\int\$\$160.00 Filing Fee, Certificat	

1857 - 10/03/2010 C T System Online

TO:

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1,	iPayment Sales, LLC (Name of Foreign Limited Liability Company, must include the company)	de "Limited Liability Company," "L.L.C.," or "LLC.")	_
CO	f name unavailable, enter alternate name adopted for the purposensent of the managers or managing members adopting the alter ompany," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the nate name. The alternate name must include "Limited Liab	e wri
2.	Delaware 3	46-0703202	
,	(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4.	July 18, 2012 5	Perpetual	
••	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	•
6.			
	(Date first transacted business in Flo (See sections 608.50) & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)	
7.	126 East 56th Street, 33rd Floor		
	New York, NY 10022		_
		of Principal Office)	-
Q	If limited liability company is a manager managed	Company shock hara	
8.	If limited liability company is a manager-managed	company, check here	
	If limited liability company is a manager-managed. The name and usual business addresses of the manager.		
		ging members or managers are as follows:	
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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.

The name of the Limited Liability Company is: iPayment Sales, LLC					
iPayment Sal	les, LLC				
If unavailable, the alternate to be used in the state of Florida is:					
2. The name a	and the Florida street	address of the registered agent and office are;	· · · · · ·		
•	C T Corporation System	n			
	. ((Narut)			
·	1200 South Pine Island	Road			
ř.	Florida S	ireet Address (P.O. Box NOT ACCEPTABLE)			
	Plantation	FL 33324	1		
		City/State/Zip			

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.

CT Corporation System

Jo Anne McCarthy

(Signature)

JoAnne McCarthy

Vice President

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

LOST - 10/01/3010 C T System Online



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IPAYMENT SALES, 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 TRIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2012.

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

51*856*14 8300

121265018

You may varify this certificate online

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0012920

DATE: 11-27-12