# M13000001373

| (Requestor's Name                       | y)           |
|---|--------------|
| (Address)                               |              |
| (Address)                               |              |
| (City/State/Zip/Pho                     | ne #)        |
| PICK-UP WAIT                            | MAIL         |
| (Business Entity Na                     | ame)         |
| (Document Numbe                         | r)           |
| Certified Copies Certificate            | es of Status |
| Special Instructions to Filing Officer: |              |
|   |              |
|   |              |
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C. LEWIS

MAR - 5 2013

EXAMINER

CR2E027 (9/10)

#### COVER LETTER

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Merchant Commerce Solutions, UC Name of Limited Liability Company   |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o 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:  |
| CARIG Smith  |
| Name of Person   |
| Merchant Commerce Solutions  |
| Firm/Company   |
| PO BOX 1743  |
| Address  |
| SANTA ROSA BEACH, FL, 32459  |
| City/State and Zip Code  |
| h312tag3@mrc.com   |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| CRAIG Smith at (B50 ) \$30-1519  |
| Name of Person 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:  \$\frac{125.00 \text{ Filing Fee}}{2}  \text{ \$\subset \text{S130.00 Filing Fee} & \text{ \$\subset \text{Certificate} of Status}  \text{ \$\subset \text{Certified Copy} & \text{ \$\subset \text{S160.00 Filing Fee}, Certified Copy}   \text{S160.00 Filing Fee},  \text{Certified Copy}   \text{S160.00 Filing Fee},  \text{Certified Copy}   \text{S160.00 Filing Fee},   \text{Certified Copy}   \text{S160.00 Filing Fee},   \text{Certified Copy}   \text{S160.00 Filing Fee},   \text{Certified Copy}   \qqq |

### 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<br>LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  |
|--|
| 1. MERCHANT COMMERCE SOLUTIONS, L.L.C.   |
| (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.")   |
| 11 2-0720  |
| 2. DELAWARE 3. 46-2087853 (FEI number, if applicable)  |
| company is organized)  |
| 4. 02/19/2013 5. PERPETUAL  (Duration: Year limited liability company will cease to  |
| (Date of Organization)  (Duration: Year limited liability company will cease to exist or "perpetual")  |
|  |
| 6. NO BUSINESS / RANSACTIONS TO CATE   |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |
| 7. 12555 Orange Drive, Suite 106; 107  |
|  |
| DAVIE, FLACIOA, 33330 PM TO THE TOTAL STREET THE STREET THE TOTAL STREET T |
|  |
| 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: 1)  |
| 9. The name and usual business addresses of the managing members or managers are as follows:   |
| CAMB FATHY SMITH   |
| On Ray 1742  |
| 40 00X 1773  |
| SANTA ROSA BEACH, FL, 32459  |
| • •  |
| 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 eath of the translator must be submitted.)  |
|  |
| 11. Nature of business or purposes to be conducted or promoted in Florida:   |
| BUSINESS CASH Advance  |
|  |
| 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.)   |
| CKAIC C SmITH  |
| Typed or printed name of signee  |

## 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:   |
|--|
| Mean a Course School 110   |
| Illtania amulaix Diarins, in   |
|  |
| If unavailable, the alternate to be used in the state of Florida is:   |
| 11000 1 2 121 1 M 1 A 1 A 2220   |
| 495 GRADEAVE, CHIPO206, Miranta Bench, 12, 32250   |
|  |
| 2. The name and the Florida street address of the registered agent and office are:   |
|  |
| $\Lambda$ .  |
| CANG SMIM  |
| (Name)   |
|  |
| 495 Grower Ave, Suite 201, Mumma Benk, FL, 32550   |
|  |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)   |
|  |
| · ·  |
| FL City/State/Zip  |
| City/State/Zip   |
|  |
| Having been named as registered agent and to accept service of process for the above stated limited  |
| liebility assessment the above stated in this contificate. Thereby accept the appointment as   |
| 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.  |
|  |
| A Comment of the second of the |
|  |
| (Signature)  |
|  |
| \$ 100.00 Filing Fee for Application   |
|  |
| The state of the s |
| \$ 30.00 Certified Copy (optional)   |
| \$ 5.00 Certificate of Status (optional) 현기 교육 기계 다  |

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MERCHANT COMMERCE SOLUTIONS, 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-EIGHTH DAY OF FEBRUARY, A.D.
2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MERCHANT COMMERCE SOLUTIONS, LLC" WAS FORMED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2013.

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

5290705 8300

130253677

AUTHENTICATION: 0248803

DATE: 02-28-13

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