# M1300001899

(Requestor	s Name)
(Address)	
(Address)	
(City/State/2	Zip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	intity Name)
_ (Document	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Of	ficer:

Office Use Only



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IUN SERVICE CUMPANI				•			
	ACCOUNT NO.	:	120000001	95			
	REFERENCE	:	580936				
	AUTHORIZATION	:	Spield	Eleman	ノ		
	COST LIMIT	:	\$ 130.00				
ORDER DATE : 1	March 22, 2013						
ORDER TIME :	3:27 PM						
ORDER NO. :	580936-010						
CUSTOMER NO:	5052101						
	FOREIGN F	ILI	<u>NGS</u>			2013 HAR	endlik ayı sayı
NAME:	MONEY NETWORK	FI	NANCIAL, LL	C	1034 3350 110 38 AW	22 煙 9	April 19 Company
XXXX QUALIFICA	ATION (TYPE: <u>L</u> .	<u>다</u> )			em S		
PLEASE RETURN T	THE FOLLOWING AS	PR	OOF OF FILI	NG:			
	ED COPY STAMPED COPY CCATE OF GOOD STA	AND	ING				
CONTACT PERSON:	Susie Knight		EXT# 52956				
			EXAMINER.				



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2013

CSC SUSIE KNIGHT TALLAHASSEE, FL

SUBJECT: MONEY NETWORK FINANCIAL, LLC

Ref. Number: W13000017072

## RESUBMIT

Please give original submission date as file date.

We have received your document for MONEY NETWORK FINANCIAL, LLC and the authorization to debit your account in the amount of \$130.00. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 313A00006932

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DEPARTMENT OF STATE

CR2E027 (9/10)

Registration Section Division of Corporations

TO:

#### **COVER LETTER**

SUBJECT: N	loney Network Finai	ncial, LLC					
		Name of	Limited Liability Com	рапу	<del></del>		
			Company for Authorizate Company for Authorizate Company for Education				
Please return al	l correspondence cond	cerning this matter to	the following:				
	Heather Clark						
			Name of Person			_	
	First Data Corproa	ation					
			Firm/Company			_	
	6855 Pacific Stree	et, AK 310			2	32°	
			Address		730		re a
	Omaha, NE 68106	3		•	** *** ****	R 22	1675
·	,	Cit	y/State and Zip Code		1113 1113 1113	M 9:	A STATE OF THE STA
	E-r	nail address: (to be i	sed for future annual i	eport notification	on) (57	·	
For further info	rmation concerning th	is matter, please call	:		•		
Heath	er Clark		402 at (	222-3002		_	
	Name of P	erson	Area Code & Daytime	Telephone Num	ber	_	
Divisio Regista P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	Div Reg Clif 266	REET ADDRESS: ision of Corporations istration Section ton Building 1 Executive Center Cir ahassee, FL 32301	rcle		•	
	check for the follo	owing amount: \$130.00 Filing Fee Certificate of Status			160.00 Filing Fee, of Status & Certifie		

### 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:

Money Network Financial, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.	," or "LLC.")
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and a posent of the managers or managing members adopting the alternate name. The alternate name must include ompany," "L.L.C," "LLC.")	
Delaware 3. 36-4483540	
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable company is organized)	ole)
11/30/2001 5. Perpetual	
(Date of Organization) (Duration: Year limited liability comexist or "perpetual")	pany will cease to
03/17/2013	Fig. 20
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
5565 Glenridge Connector NE, Atlanta, Georgia 30342	554 2
(Street Address of Principal Office)	- C
If limited liability company is a manager-managed company, check here	
The name and usual business addresses of the managing members or managers are as	follows:
First Data Merchant Services Corporation, 5565 Glenridge Connector NE, Atlanta, Georgia	30342
Concord Transaction Services, LLC, 5565 Glenridge Connector NE, Atlanta, Georgia 30342	
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official equirisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a instation of the certificate under oath of the translator must be submitted.)	
1. Nature of business or purposes to be conducted or promoted in Florida: Any lawful bu	usiness.
Honde J Andura, V.P.	
Signature of a member of an authorized representative of a member	
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation penalties of perjury that the facts stated herein are true. I am aware that any false information su	

Typed or printed name of signee

Stanley J. Andersen

### 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:	
Money Network Financial, LLC	>	
If unavailable, the alternate	to be used in the state of Florida is:	
2. The name and the Florida	a street address of the registered agent and office are:	<del>5</del> 5 20
Corporation	Service Company	2013 HAR SECRETA
	(Name)	18 22 18 22 18 23
1201 Hays 5	Street	TT pro
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee	FL 32301	E 4
	City/State/Zip	<del></del>

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.

Corporation Service Company

Sue G. Knight

(Signature)

(Signature)

\$ 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 "MONEY NETWORK FINANCIAL, 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-SECOND DAY OF MARCH, A.D.

2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MONEY NETWORK FINANCIAL, LLC" WAS FORMED ON THE THIRTIETH DAY OF NOVEMBER,

A.D. 2001.

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

3462893 8300

130349248

AUTHENTY CATION: 0306201

DATE: 03-22-13

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