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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 SEP 20 2013

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13 SEP 19 PM 1:25  
STUART, FLORIDA  
TALLAHASSEE, FLORIDA

117-4777  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2013

TRACY DELOID  
70 E FALMOUTH HWY SUITE 1  
E FALMOUTH, MA 02536

SUBJECT: MERCHANT BUSINESS SERVICES, LLC  
Ref. Number: W13000047736

We have received your document for MERCHANT BUSINESS SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

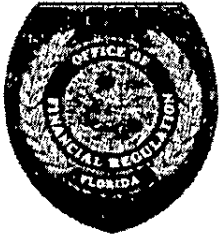
Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 813A00020346



## FLORIDA OFFICE OF FINANCIAL REGULATION

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DREW J. BREAKSPEAR  
COMMISSIONER

September 17, 2013

Mr. Luis Gonzalez  
1101 Brickell Avenue, Suite 1102  
Miami, FL 33131

Re: Merchants Bankcard Systems of America, LLC

Dear Mr. Gonzalez:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the above-referenced corporate name are definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

A handwritten signature in black ink that reads "Robert D. Hayes".

Robert D. Hayes  
Director

RDH:bk

cc: Brenda Tadlock, Chief, Bureau of Commercial Recordings, Division of Corporations,  
Department of State

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13 SEP 19 PM 1:25  
COMM. REG. STAFF  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MERCHANT BUSINESS 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:

Tracy DeLoid

Name of Person

Merchant Business Services, LLC

Firm/Company

70 East Falmouth Highway, Suite 1

Address

East Falmouth Ma 02536

City/State and Zip Code

tdeloid@imatts.com

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

For further information concerning this matter, please call:

Marilyn Quinn

Name of Person

800

at ( )

766-8990 ext 214

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. Merchants Bankcard Systems of America, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

**MBS, 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. Delaware**

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

**3. 26-4477230**

(FEI number, if applicable)

**4. March 18, 2009**

(Date of Organization)

**5. perpetual**

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

**6. August 1, 2013**

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

**7. 1101 Brickell Ave, Suite #1102**

**Miami, FL 33131**

(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:

**Tracy DeLoid - MBS, 70 East Falmouth Highway Suite 1, East Falmouth, MA 02536**

**Phil Chait - MBS, 70 East Falmouth Highway Suite 1, East Falmouth, MA 02536**

**Aaron Sorgman - MBS, 1101 Brickell Ave, Suite #1102, Miami, FL 33131**

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: **Sales and Service of Credit Card Processing and Ancillary Services to Merchants**

*Phil Chait*

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.)

**Phil Chait, President**

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:

**MERCHANT BANKCARD SYSTEMS OF AMERICA, LLC**

If unavailable, the alternate to be used in the state of Florida is:

**MBS, LLC**

2. The name and the Florida street address of the registered agent and office are:

**Marc Mulcahy**

(Name)

**4250 Alafaya Trail, Suite 212-144**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Oviedo**

**FL**

**32765-6335**

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.*

  
(Signature)

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

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TALLAHASSEE FLORIDA

# Delaware

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## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERCHANTS BANKCARD SYSTEMS OF AMERICA, 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 THIRD DAY OF SEPTEMBER, A.D. 2013.

FILED  
13 SEP 19 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4666603 8300

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AUTHENTICATION 07/06/104  
Jeffrey W. Bullock, Secretary of State

DATE: 09-03-13