

M14000669131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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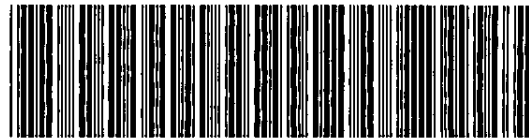
(Business Entity Name)

(Document Number)

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14 DEC 18 PM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2014

JAMES HUBER
5411 AVENIDA ENCINAS SUITE 280
CARLSBAD, CA 92008

SUBJECT: PAYPROTEC OREGON, LLC
Ref. Number: W14000066599

We have received your document for PAYPROTEC OREGON, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Your document is being returned as requested.

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: 514A00023455

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Payprotec Oregon, 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:

James C. Huber

Name of Person

Global Legal Resources, LLP

Firm/Company

5411 Avenida Encinas, Suite 280

Address

Carlsbad, CA 92008

City/State and Zip Code

jhuber@glrlegal.com

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

For further information concerning this matter, please call:

James Huber

Name of Contact Person

at (**888**)

Area Code

846-8901

Daytime Telephone Number

* 162

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



To Florida Department of State:

PAYPROTEC OREGON, LLC was voluntary dissolved on September 30, 2014 in the state of Florida.

Please take notice that PAYPROTEC OREGON, LLC will not revoke the dissolution PAYPROTEC OREGON, LLC, in the state of Florida.

PAYPROTEC OREGON, LLC hereby releases the name PAYPROTEC OREGON, LLC to be reinstated in the state of Florida.

Dated: December 3, 2014

Respectfully submitted,

PAYPROTEC OREGON, LLC

By

A handwritten signature in black ink, appearing to read 'Mychol Robirds', written over a horizontal line.

MYCHOL ROBIRDS
President

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14 DEC 18 PM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Payprotec Oregon, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Oregon

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

3. _____

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4050 Westgate Avenue, Suite 107

West Palm Beach, FL 33409

(Street Address of Principal Office)

6. 7724 SE Aspen Summit Drive, Suite 300

Portland, OR 97266

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Mychol Robirds, President

Steven Lemma, CEO

4050 Westgate Ave., Ste. 107

7724 SE Aspen Summit Dr., Ste. 300

West Palm Beach, FL 33409

Portland, OR 97266

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

Mychol Robirds

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Payprotec Oregon, 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:

Mychol Robirds

(Name)

4050 Westgate Avenue, Suite 107

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

West Palm Beach


FL

33409

City/State/Zip

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TALLAHASSEE, FLORIDA

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 605, 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)

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 729H268N7

I, Kate Brown, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

PAYPROTEC OREGON, LLC

is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.



A handwritten signature in black ink, appearing to read "Kate Brown".

Kate Brown, Secretary of State

12/4/2014

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14 DEC 18 PM 7:59
SECRETARY OF STATE
ALAN HASS
FLORIDA