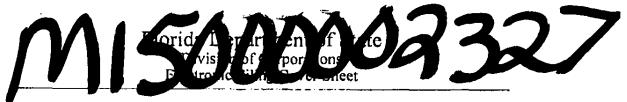
Division of Corporations

Page 1 of 1



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

IN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Metavante Payment Scrylcos, LLC (Name of Foreign Limited Mability Company; must include "Limited Mability Company," "LLC." or "LLC." or "LC.")	i de la c
(If name unavailable, enter elternate name adopted for the purpose of transasting business to Floride. The alternate name must includ Liability Company," "(, L.C," or "LLC.")	e "Limited
2, Delawars 3.	
(Jurisdiction under the law of Which Greige Limited Liabilly (PBI number, (Cappiloable) company is singuitized)	
4.	<u> </u>
(Date Iterisacted business to Florida, If prior to registration.) (Sée séetines 605.0904 & 605.0905, P.S. to determine penalty illebrility)	•
4900 W Brown Door Rand, Milwankee WI 53223	
	•
(Street Address of Principal Office)	
6. 4900 W Brown Deer Road, Milwaukee WI 53223	
(Malling Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/ares	්ගුණි ර
leffrey I. Erdmann, Managar, 4900 W Brown Deer Road, Milwaukee, W.	T Eggs 3>
Nancy Langer, Manager, 4900 W Brown Deer Road, Milwauker, WI.	S 2 6 3 3 4 0
	ညည်းမှာ မှာ
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the taying custody of records in the jurisdiction under the law of which it is organized. (A photocopy is acceptable: If the certificate is in a foreign language, a translation of the certificate under eath of the taust be submitted)	not
X defille	
Signature of an authorized person to accordance with section 605.0202, F.S., the execution of the document constitutes an offirmation under the penalties of perjury that the faces state in every false information, sumplied to a document to the Department of Siats contitutes a third degree falony as provided for in a 817.155.	
Jeffrey J. Brdmann	
Typed or printed name of signee	

The state of the s

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.

If unavailab	lynish Sorvices, LLC	state of Florida is:	
2. The nam	e and the Pieride street address (of the registered agent and office are;	•
	C T Corporation System		Acceptance of the second
		(Name)	
			AHAR AHAR
	1206 South Pine Island Rund	fress (P.O. Box NOT ACCEPTABLE)	30 SSE SSE
	1 miles edest ven	ness (1.0. ook 1/0 t uccentivopa)	
	Planistica	PL 39324	min de
	<u></u>	Ciry/State/Zip	9: 3 DRIE
registered a statutes rela	gent and agree to act in this capa ting to the proper and complete p bligations of my position as regis	his certificate, I heroby accept the appointm ncity. I further agree to comply with the pro performance of my duties, and I am familian tered agent as provided for in Chapter 605,	visions of all visith and
	C'T Corputation Leadin By: (Signal \$ 100.00	Filing Fee for Application Ass	andra Ortega Istant Secretary
	\$ 100.00 \$ 25.00	Ass Filing Fce for Application Designation of Registered Agent	Part II Street Barrier
	By: (Signs \$ 100.00	Filing Fee for Application Ass	Page 1 State and the second

Delaware

DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "METAVANTE PAYMENT SERVICES, 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 THIRTIETH DAY OF MARCH, A.D. 2015.

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

3872212 8300

150430418

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

Jeffrey W. Bullock, Secretary of State

AUTHENTS CĂTION: 2245817

DATE: 03-30-15