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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : JOHN M WICKER PA
Account Number : I20070000104
Phone : (239) 939-2222
Fax Number : (239) 939-2280

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MWICKER@LAWCRW.COM

Foreign Limited Liability Company
EZPayNow, LLC

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

1. EZPAYNOW, LLC

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

NOT APPLICABLE

(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. WYOMING

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

3. 46-4363553

(FBI number, if applicable)

4. AUGUST 1, 2016

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

5. 1625 CHESAPEAKE AVE, UNIT 204NAPLES, FL 34102

(Street Address of Principal Office)

6. 1625 CHESAPEAKE AVE, UNIT 204NAPLES, FL 34102

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

JOHN M. WICKER

Office Address:

12670 NEW BRITTANY BLVD, STE. 101FORT MYERS

(City)

, Florida 33907

(Zip code)

Registered agent's acceptance:

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 application, 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.

(Registered agent's signature)

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

JUDY MILKOWSKI - AMBR - 1625 CHESAPEAKE AVE, UNIT 204, NAPLES, FL 34102FORREST MILKOWSKI - AMBR - 1625 CHESAPEAKE AVE, UNIT 204, NAPLES, FL 34102

9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

JOHN M. WICKER, ESQ.

Typed or printed name of signee

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FILED
2016 JUL 27 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

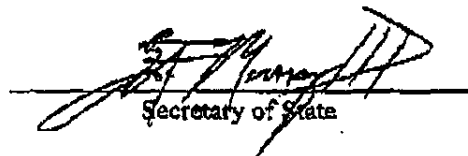
EZPayNow, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on December 12, 2013, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2013-000655555.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 26th day of July, 2016 at 6:50 AM. This certificate is assigned 020664627.




Secretary of State

2016 JUL 27 AM 11:57
SECRETARY OF STATE
FALL HASSEE, FLORIDA

FILED

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.

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