

m16000009451

To: Page 4 of 7
Division of Corporations

2016-11-23 4:28:11 CST
PLEASE HONOR ORIGINAL DATE 11-11-16

9542080-45 From: Finance McGraw

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000279430 3)))



H160002794303AEC%

PLEASE HONOR ORIGINAL DATE 11-11-16

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

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

Email Address: _____

RECEIVED

2016 NOV 23 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
Heartland Payment Systems, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

SECRETARY OF STATE
FLORIDA

2016 NOV 14 PM 12:06

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE HONOR ORIGINAL DATE 11-11-16

PLEASE HONOR ORIGINAL DATE 11-11-16

PLEASE HONOR ORIGINAL DATE 11-11-16

PLEASE HONOR ORIGINAL DATE 11-11-16

PLEASE HONOR ORIGINAL DATE 11-11-16

PLEASE HONOR ORIGINAL DATE 11-11-16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heartland Payment Systems, 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:

Nancy Lloyd

Name of Person

Global Payments

Firm/Company

10 Glenlake Parkway, North Tower

Address

Atlanta, GA 30328

City/State and Zip Code

NANCY.LLOYD@GLOBALPAY.COM

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

For further information concerning this matter, please call:

Sara Frederick

Name of Contact Person

at (214)

Area Code

932-3685

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

850-617-6381

11/15/2016 11:52:56 AM PAGE

1/001

Fax Server

PLEASE HONOR ORIGINAL DATE 11-11-16

PLEASE HONOR ORIGINAL DATE 11-11-16

PLEASE HONOR ORIGINAL DATE 11-11-16



November 15, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: HEARTLAND PAYMENT SYSTEMS, LLC
REF: W16000077213

PLEASE HONOR ORIGINAL DATE 11-11-16

We have received your document for HEARTLAND PAYMENT SYSTEMS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Octavia I Simmons
Regulatory Specialist II

FAX Aud. #: H16000279430
Letter Number: 516A00024436

PLEASE HONOR ORIGINAL DATE 11-11-16

PLEASE HONOR ORIGINAL DATE 11-11-16

PLEASE HONOR ORIGINAL DATE 11-11-16

PLEASE HONOR ORIGINAL DATE 11-11-16

PLEASE HONOR ORIGINAL DATE 11-11-16

RECEIVED
2016 NOV 23 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 -- Tallahassee, Florida 32314

PLEASE HONOR ORIGINAL DATE 11-11-16

PLEASE HONOR ORIGINAL DATE 11-11-16

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:

- FILED
2010 NOV 14 P 12:06
SECRETARY OF STATE
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 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

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

David L. Green, Manager, 10 Glenlake Parkway, North Tower, Atlanta, GA 30328

Cameron M Bready, Manager, 10 Glenlake Parkway, North Tower, Atlanta, GA 30328

David E Mangum , Manager, 10 Glenlake Parkway, North Tower, Atlanta, GA 30328

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.

David L. Green, Manager

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HEARTLAND PAYMENT SYSTEMS, 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2016.

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



5904911 8300

SR# 20166665382

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203348595

Date: 11-16-16