

M170000001092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

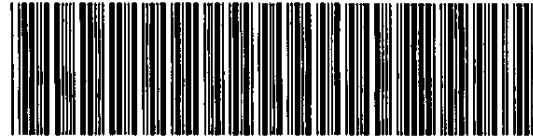
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-4357
647 608

Office Use Only



600293882996

01/17/17--01041--008 **87.50

02/08/17--01006--007 **72.50

FEB 08 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 17 AM 10:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 17 PM 12:58



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2017

NICOLE PALELLA-FEAGAN
BLUEPAY PROCESSING, LLC
184 SHUMAN BLVD STE 350
NAPERVILLE, IL 60563

SUBJECT: BLUEPAY PROCESSING, LLC
Ref. Number: W17000004357

We have received your document for BLUEPAY PROCESSING, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 717A00001123

RECEIVED
2017 FEB -2 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 JAN 17 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 JAN 17 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



BluePay

PAYMENT PROCESSING SOLUTIONS

WWW.BLUEPAY.COM

January 31, 2017

Florida Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, Florida 32314

Subject: BluePay Processing, LLC
Ref Number: W17000004357

To Whom It May Concern,

Per the State's request, included is a purchased Certificate of Good Standing for BluePay Processing, LLC.

Also, included is a copy of the original rejection letter.

Please let me know if there is any further information needed to become approved.

Sincerely,

Stephen Neville
National Account Manager
BluePay Processing
312.506.3795
sneville@bluepay.com

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 17 PM 12:58

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 17 AM 10:00

HEADQUARTERS
184 SHUMAN BLVD.
SUITE 350
NAPERVILLE, IL 60563
866.739.8324 MAIN
866.412.8324 TOLL FREE
866.422.6011 FAX

CHICAGO OFFICE
200 WEST MONROE
SUITE 725
CHICAGO, IL 60606
312.506.3680 MAIN
800.266.2518 TOLL FREE
800.266.9706 FAX

NEW YORK OFFICE
156 WEST 56TH ST.
4TH FLOOR
NEW YORK, NY 10019
212.207.3427 MAIN
877.242.4202 TOLL FREE
646.417.5259 FAX

BLUEPAY MID-ATLANTIC OFFICE
275 WEST ST.
SUITE 324
ANNAPOLIS, MD 21401
888.588.5757 TOLL FREE

BLUEPAY CANADA
2275 UPPER MIDDLE RD. E.
SUITE 200
OAKVILLE, ON L6H 0C3
647.258.3709 MAIN
855.895.4684 TOLL FREE
905.702.9907 FAX
WWW.BLUEPAY.CA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BluePay Processing, 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:

Nicole Palella-Feagan

Name of Person

BluePay Processing, LLC

Firm/Company

184 Shuman Blvd., Suite 350

Address

Naperville, IL 60563

City/State and Zip Code

npalella-feagan@bluepay.com

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 17 PM 12:58

For further information concerning this matter, please call:

Stephen Neville 312 506-3795

Name of Contact Person at () Daytime Telephone Number
Area Code

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:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate
of Status & Certified Copy |
|--|---|--|---|

**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. BluePay Processing, 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. IL

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

3. 38-3913206

(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. 184 Shuman Blvd., Suite 350, Naperville, Illinois 60563

(Street Address of Principal Office)

6. Same as above

(Mailing Address)

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

Name: Forrest W. Shearin

Office Address: 210 Angela St.

Key West, Florida 33040

(City)

(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 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.

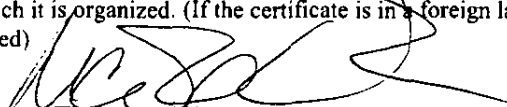
(Registered agent's signature)

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

Nicole Palella-Feagan, Chief Risk Officer / Chief Customer Officer

184 Shuman Blvd., Suite 350, Naperville, Illinois 60563

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.

Nicole Palella

Typed or printed name of signee

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 JAN 17 PM 12:58

**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. BluePay Processing, 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. IL

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

3. 38-3913206

(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. 184 Shuman Blvd., Suite 350, Naperville, Illinois 60563

(Street Address of Principal Office)

6. Same as above

(Mailing Address)

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

Name: Forrest W. Shearin

Office Address: 210 Angela St.

Key West

(City)

, Florida 33040

(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 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.


(Registered agent's signature)

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

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

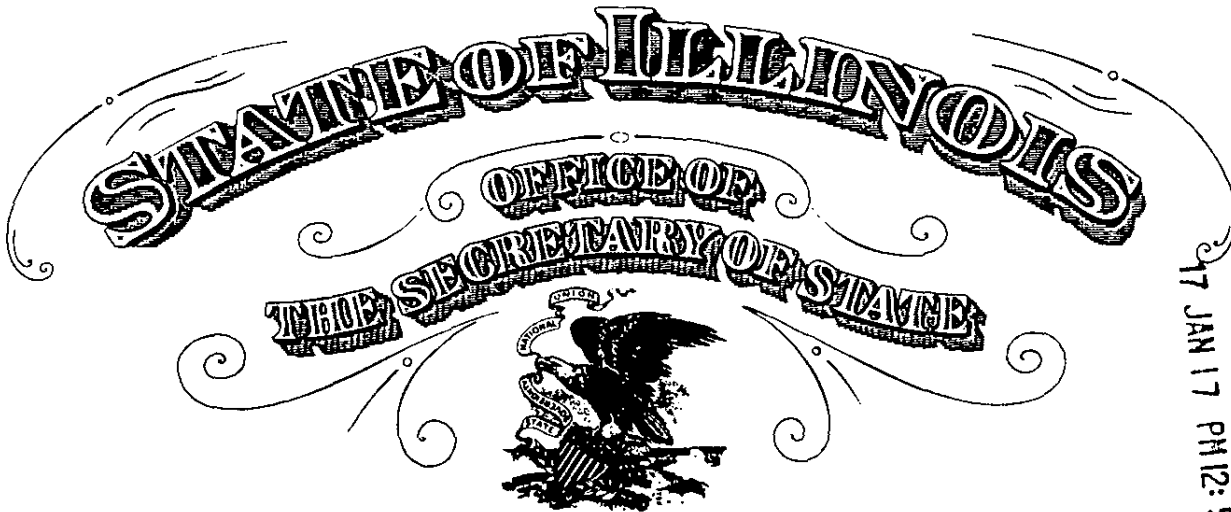
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 JAN 17 PM 12:58

File Number

0452088-2

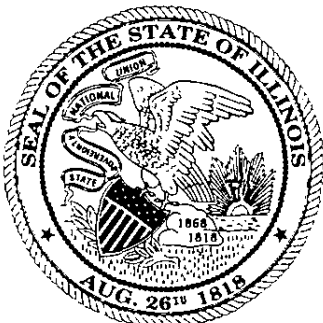


To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

BLUEPAY PROCESSING, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 23, 2013, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 31ST
day of JANUARY A.D. 2017 .



Authentication #: 1703102554 verifiable until 01/31/2018

Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE