| (Requestor's Name) (Address) | 600322367746 |
|---|--|
| (Address) (City/State/Zip/Phone #) | |
| | SECRETA |
| (Business Entity Name) | 2010 DEC 21 Secre TARY I ALLAHASSE |
| (Document Number) | AN 9: 55 E. FLORIDA |
| ertified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | DIPLICAN OF CORPORATION TALLARS SEE FLORIDA |
| Office Use Only | ((|

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 555295 7950209 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE : December 21, 2018 ORDER TIME : 10:29 AM ORDER NO. : 555295-035 CUSTOMER NO: 7950209

FOREIGN FILINGS

NAME: NEWTEK MERCHANT SOLUTIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -~ EXT# 62969

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations

Newtek Merchant Solutions, LLC SUBJECT:

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:

Leah Sanders Name of Person Newtok Business Services Corp. Firm/Company 1981 Marcus Ave., Ste. 130 Address Lake Success, NY 11042 City/State and Zip Code lsanders@ncwtekone.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leah Sanders 356-9539 212 at i Name of Contact Person Arca Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: **Division of Corporations** Division of Corporations **Registration Section** Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | Newtek | Merchant | Solutions, | LLC |
|----|--------|----------|------------|-----|
|----|--------|----------|------------|-----|

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

| | name adopted for the purpose of transacting business in Flo | rida The alternate name must include "Limiter | d Liabihiy Company," "L L C," or "LLC,") | |
|--------------------------------------|---|---|--|--|
| 2. New York | | 3. 39-2029663 | | |
| (JurrionChon under the law of w | inch foreign limited liability company is organized) | (FEI number, sl applicable) | | |
| 4. 07/30/2018 | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi | registration.) | · | |
| 5. 6737 W. Washington S | | 6 6737 W. Washington St | reel | |
| (Street Address of Principal Office) | | | | |
| West Allis, WI 53214 | | West Allis, WI 53214 | | |
| | | | कर स न | |
| | | | PAR N | |
| 7. Name and street address | is of Florida registered agent: (P.O. Box | NOT acceptable) | SSS | |
| Name: | Corporation Service Company | , | | |
| ivenic, | | | | |
| Office Address: | 1201 Hays Street | | 9:55 LORID | |
| | Tallahassee | , Florida_32301 | 10 55 | |
| Desistand sections | (City) | | code) | |
| Registered agent's accep | | | | |
| designated in this applica | gistered agent and to accept service of p tion, I hereby accept the appointment as | process for the above stated limi | ted liability company at the place | |
| to comply with the provisi | ons of all statutes relative to the proper | and complete performance of n | act in this capacity. I further agree | |
| and accept the obligations | s of my position as registered agent. | \sim | | |
| | Corporation Service Company | | Roxanne Turner | |
| | By: (Registered agent's s | instruction AS | sst. Vice President | |
| A 111 | | | | |
| 8. The name, title or capa | city and address of the person(s) who has | | ð: | |
| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: | |
| CEO,Chairman & Sec | Barry Sloane | Chief Credit Officer | Michael Campbell | |
| | 1981 Marcus Ave., Ste. 130 | · · · · · · · · · · · · · · · · · · · | 1981 Marcus Ave., Stc. 130 | |
| | Lake Success, NY 11042 | | Lake Success, NY 11042 | |
| Assistant Secretary | Michael Schwartz | | | |

(Use attachments if necessary)

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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)

1981 Marcus Ave., Ste. 130 Lake Success, NY 11042

10. 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 signce

State of New York Department of State } ss:

i hereby certify, that UNIVERSAL PROCESSING SERVICES OF WISCONSIN LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/21/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment UNIVERSAL PROCESSING SERVICES OF WISCONSIN LLC, changing its name to NEWTEK MERCHANT SOLUTIONS, LLC, was filed 12/19/2018.



Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of December two thousand and eighteen.

Whitney Clark

Whitney Clark Deputy Secretary of State

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