

119000001B2B

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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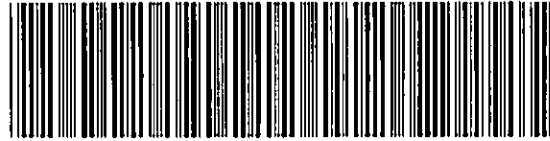
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 2/21/2019

****WALK IN****

ENTITY NAME PAYPRO HCS, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXX _____

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125.00

CHECK # 5795

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PayPro HCS, L.L.C.

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:

John R. Anderson

Name of Person

Grant, Konvalinka & Harrison, P.C.

Firm/Company

633 Chestnut Street, Suite 900

Address

Chattanooga, Tennessee 37450-0900

City/State and Zip Code

janderson@gkhpc.com

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

For further information concerning this matter, please call:

John R. Anderson

423

756-8400

at ()

Name of Contact Person

Area Code

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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

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. PayPro HCS, 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. Georgia

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

20-8816939

3. (FEI number, if applicable)

4. March 1, 2019

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

5. 112 Townpark Drive, Suite 050

(Street Address of Principal Office)

6. 112 Townpark Drive, Suite 050

(Mailing Address)

Kennesaw, GA 30144

Kennesaw, GA 30144

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation 33324

(City)

Florida

(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.

By: Natalie Leiba-Paul
(Registered agent's signature) Natalie Leiba-Paul - Assistant Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity: Name and Address:
☒ Manager Name: Rhonda Champion
☐ Member Address: 112 Townpark Drive, Suite 050
☐ Authorized Kennesaw, GA 30144
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Title or Capacity: Name and Address:
☐ Manager Name: John R. Anderson
☐ Member Address: 633 Chestnut Street, STE 900
☒ Authorized Chattanooga, TN 37450-0900
Person
☐ Other ☐ Other

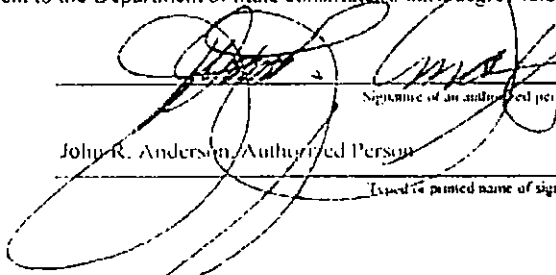
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

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.



Signature of an authorized person
John R. Anderson / Authorized Person

Typed or printed name of signer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

PAYPRO HCS, LLC

a Domestic Limited-Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16729847
Date Inc/Auth/Filed: 04/26/2007
Jurisdiction : Georgia
Print Date : 02/20/2019
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State