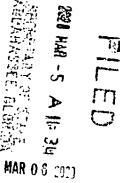
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| (Requestor's Name)                      |
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| (Address)                               |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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NAME: PAYMENTSMB LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

abbie Hodge

## 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.        | PaymentsMB LLC  |   |                                |                   |  |                    |
|-----------|---|---|--------------------------------|-------------------|--|--------------------|
|           | (Name of Foreign  | Limited Liability Company; must include "Limi   | ted Liabilit                   | y Compa           | any," "L.L.C.," or "LLC.")                       |                    |
| _         |   |   | <u> </u>                       |                   |  |                    |
| (11)      | name unavailable, enter alternate   | name adopted for the purpose of transacting business in   | Florida The                    | alternate i       | : name must include "Limited Liability Company," | 'L.L.C," or "LLC." |
| 2.        | Delaware  |   | 3.                             |                   |  |                    |
| <u> </u>  | (Jurisdiction under the law of which foreign limited hability company is organized) |   | ٦.                             |                   | (FEI number, if applicable)                      |                    |
| 4.        |   |   |                                |                   |  |                    |
| ٦,        |   | (Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to deter | to registratio<br>mine penalty | n.)<br>liability) | )  |                    |
|           | 433 Plaza Real  |   |                                |                   | Welches  |                    |
| 5.<br>(St | treet Address of Principal Office)  |   | 6.                             | (N                | (Mailing Address)                                |                    |
|           | Suite 275   |   |                                | St. The           | homas, Barbados BB22025                          |                    |
|           | Boca Raton, Florida 33  |   |                                |                   |  |                    |
| 7.        | Name and street address   | ss of Florida registered agent: (P.O. Bo  | ox <u>NOT</u>                  | accepta           | able)  |                    |
|           | Name:   | Florida Filing & Search Services, Inc   |                                |                   | ENAM -   | 77                 |
|           | Office Address:   | 155 Office Plaza Drive, Suite A / PO  | Box 106                        | 62                | _ `##. <b>o</b>                                  |                    |
|           |   | Tallahassee   |                                |                   | 32301 5550 55                                    | نس                 |
|           |   | (City)  | -                              | <del></del>       | (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. 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: Title or Capacity: Name and Address: Name: \_\_\_\_ Douglas Barber □Manager Manager Address: 214 rue Aumais **■**Member □Member Address: Sante Anne de Belleuvue, OC H9X 4A9 □ Authorized ☐ Authorized Person Person Other\_\_\_\_ Other\_\_\_\_\_ Other □Other □Manager □Manager Name: \_\_\_\_\_ Name: \_\_\_\_\_ □Member Address: \_\_\_ □ Member Address: □ Authorized ☐ Authorized Person Person □Other □Other\_\_\_\_ □Other\_\_\_\_ Other Name: \_\_\_\_\_ □Manager □Manager Name: \_\_\_\_\_ Address: □Member Address: ☐ Member □ Authorized ☐ Authorized Person Person □Other\_\_ \_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Cassandra Sifford
Signature of an authorized posts

Cassandra Sifford

Typed or printed name of signee

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PAYMENTSMB 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 TWENTY-NINTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAYMENTSMB LLC"

WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2015.

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

Authentication: 202281157

Date: 01-29-20