# MESCECOCAMICS

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:

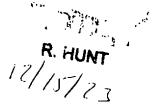
Office Use Only

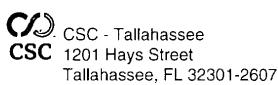


000420372670

2023 DEC 15 PH 12: 40







850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 12/15/23 Order #: 1353982-1

Re: FLUTTERWAVE PAYMENTS, LLC

Processing Method: Routine

#### TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number

I2000000195 Authorization:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

TO:	_	ration S on of Co	ection orporations					
SUBJ	ECT: _	Flutterwa	ave Payments, LLC					
			Name of Fore	ign L	imited Lia	bility Co	ompany	
Dear S	Sir or Ma	ıdam:						
The er	nclosed a	ipplicat	ion, certificate and fee(s	s) are	: submitted	for filin	g.	
Please	return a	ll corre	spondence concerning t	his n	natter to the	e followi	ng:	
Olugb	enga Ag	boola						
			Name of Person					
Flutter	rwave Pa	iyments	, LLC			-		1010
			Firm/Company			_		
9100	S. Dadela	and Blvd	f., Suite 1500, Office No.	. 151 <sup>-</sup>	7			•
			Address					i
Miam	i, Florida	- 33156	6					
			City/State and Zip Co	de	-	<del></del>		
	ıtterwave	_						
E-m	nail addr	ess: (to	be used for future annua	al rep	ort notific	ation)		
For fu	rther info	ormatio	n concerning this matte	r, ple	ase call:			
Stever	n Huynh			at	408	881-3	3776	
		Name	of Person	_ ```	\	e & Day	time Telephone Number	
	Registr Division P.O. B	ox 632	Section orporations			Division The Control 2415 N	ration Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810 assee, FL 32303	
□ <b>\$</b> 25	Enclos Filing F		check for the following  ☐ \$30 Filing Fee &  Certificate of Status	_	ount: \$55 Filing Certified	•	☐ \$60 Filing Fee.  Certificate of Status &  Certified Copy	

2023 DEC 15 PM 12: 40

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

### SECTION I (1-4 must be completed)

State: Flutterwave Payments, LLC	·					
Enter new principal office address, if applicable:	9100 S. Dadeland Blvd., Suite 1500, Office No. 1517					
Principal office address	Miami, FL. 33156					
MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:	9100 S. Dadeland Blvd., Suite 1500, Office No. 1517					
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL. 33156					
	202					
2. The Florida document number of this limited lia	ability company is: FL252455					
3. Jurisdiction of its organization: Delaware	12					
4. Date authorized to do business in Florida: 08/0	·					
	7. F					
SECTION II (5-9 complete only the applicable	changes) O					
	st contain "Limited Liability Company, " "L.L.C" or "LLC.")  d for the purpose of transacting business in Florida and attach a					
	maging members adopting the alternate name. The alternate nam					
<ol> <li>If amending the registered agent and/or registere egistered agent and/or the new registered office ad</li> </ol>	ed officer address on our records. enter the name of the new ddress here:					
Name of New Registered Agent:						
New Registered Office Address: 9100 S. Dadela	and Blvd., Suite 1500, Office No. 1517					
Mia	Enter Florida Street Address					
	Ami Scity Florida 33156 Zip Code					
	· ·					
he provisions of all statutes relative to the proper ind accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply wit and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited					

Address	Type of Action Add Remo
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	2023 O
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	□Add
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]	ncing the ing custody of record

Filing Fee: \$25.00