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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-04/21/00--01060--016
*****210.00 *****70.00

SUBJECT: Total Payment Solutions Inc.
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR 21 AM 7:49

FILED

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Lana Robbing
Name (Printed or typed)

POB 700

Address

New Port Richey FL 34656

City, State & Zip

(727) 372-4635

Daytime Telephone number

FILED

APR 2 5 2000

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Total Payment Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

principal place: TBD

mailing address: POB 700, New Port Richey FL 34656

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100—

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lana Robbins
4210 Onorio Street
New Port Richey FL 34653

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Lana Robbins
4210 Onorio Street
New Port Richey FL 34653

Lana U. Robbins

Signature/Incorporator

4/17/2000

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Lana U. Robbins

Signature/Registered Agent

4/17/2000

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA