P000 00099039

TRANSMITTAL LETTER

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

SUBJECT: Antilles Payment Systems Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

000003432620--7
-10/19/00--01101--020
*****87.50 *****87.50

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: MARIA D. VAZQUEZ
Name (Printed or typed)

17933 SPARROWS NEST DR
Address

LUTZ, FL 33549
City, State & Zip

(813) 968-1560
Daytime Telephone number

FILED
00 OCT 19 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

gj 10/20

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
00 OCT 19 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be:

Antilles Payment Systems Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

3959 Van Dyke Rd #167
Lutz, FL 33549

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Profit; to set up merchants with their choice of credit card processors and/or check guaranty service.

ARTICLE IV SHARES
The number of shares of stock is:

500 @ $1.00

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s) and address(es):

Maria D. VAZQUEZ
17933 SPARROWS NEST DR
LUTZ, FL 33549

ARTICLE VI REGISTERED AGENT
The **name and Florida street address** of the registered agent is:

MARIA D. VAZQUEZ
17933 SPARROWS NEST DR
LUTZ, FL 33549

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:

MARIA D. VAZQUEZ
17933 SPARROWS NEST DR.
LUTZ, FL 33549

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Maria D Vazquez
Signature/Registered Agent

10/16/00
Date

Maria D Vazquez
Signature/Incorporator

10/16/00
Date