

P01000010436  
TRANSMITTAL LETTER

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

700003583087--9  
-01/26/01--01167--022  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: #1 WORLDWIDE PAYMENT SYSTEMS INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: KENNETH ZYDOR  
Name (Printed or typed)  
5436 QUIST DR  
Address  
PORT RICHEY, FL 34668  
City, State & Zip  
(727) 845-4358  
Daytime Telephone number

FILED  
01 JAN 26 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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

1-29-01  
MC

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

#1 WORLDWIDE PAYMENT SYSTEMS INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5436 QUIST DR  
PORT RICHEY, FL 34668

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT

## ARTICLE IV SHARES

The number of shares of stock is:

1000 @ 1.00 Each

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

- (1) KEN ZYDOR, PRESIDENT/TREASURER  
5436 QUIST DR, PORT RICHEY, FL 34668
- (2) MARIA D. ORTIZ-CASIANO, VICE PRESIDENT/SECRETARY  
17933 SPARROWS NEST DR., LUTZ, FL 33549

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

KENNETH ZYDOR  
5436 QUIST DR  
PORT RICHEY, FL 34668

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA D. ORTIZ-CASIANO  
17933 SPARROWS NEST DR.  
LUTZ, FL 33549

\*\*\*\*\*

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

Signature/Registered Agent

Signature/Incorporator

Date

Date

FILED  
01 JAN 26 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/25/2001

01/25/2001