FOO 1000 100136 TRANSMITTAL LETTER

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

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SUBJECT:	American Payment Solutions inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>(DE SUFFIX)</u>
Enclosed are an orig	final and one (1) copy of the ar	ticles of incorporation an	d a check for:
C) \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fce & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	Ray W Root		
	Name (Printed or typed)		
	5417 Quist Drive		
	<u> </u>	Address	· · · · · · · · · · · · · · · · · · ·
	Port Richey, Florida 34668		
	City, State & Zip		
	727-643-4419		
	Daytime Telephone number		

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

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:

American Payment Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5417 Quist Drive Port Richey, Florida 34668

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Ray W Root 5417 Quist Drive

Port Richey, Florida 34668

(President)

ARTICLE VI REGISTERED AGENT

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

Ray W Root 5417 Quist Drive Port Richey, Florida 34668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ray W Root 5417 Quist Drive Port Richey, Florida 34668

Signature/Incorporator

Date

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