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Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**FLORIDA PROFIT CORPORATION OR P.A.**

**premiere payment solutions, inc.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 24, 2004

EMPIRE

SUBJECT: PREMIER PAYMENT SOLUTIONS, INC.  
REF: W04000031944

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6929.

Justin M Shivers  
Document Specialist  
New Filings Section

FAX Aud. #: H04000171718  
Letter Number: 104A00051622

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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**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:

*Premiere Payment Solutions Group, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

18864 NW 64 COURT  
MIAMI, FL 55015

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL TANNSACTIONS LEGAL & LAWFUL

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 @ \$1.00 PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

BRIAN D. GORDON--PRESIDENT  
18864 NW 64 COURT  
MIAMI, FL 33015

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

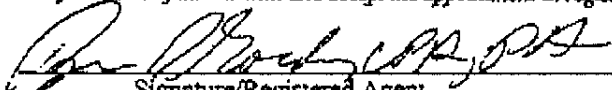
BRIAN D. GORDON, C.P.A., P.A.  
12550 BISCAYNE BLVD., #500  
N. MIAMI, FL 33181

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

BRIAN D. GORDON  
18864 NW 64 COURT  
MIAMI, FL 33015

\*\*\*\*\*  
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

08/20/04

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

08/20/04

\_\_\_\_\_  
Date

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