

P07000044282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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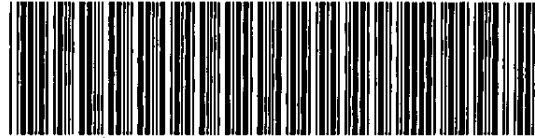
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/11/07

COVER LETTER

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

SUBJECT: ALTERNATIVE PAYMENT SOLUTIONS INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: PAUL PANLILIO

Name (Printed or typed)

533 36 AVENUE NE

Address

ST.PETERSBURG,FL.33704

City, State & Zip

813-309-0566

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:

ALTERNATIVE PAYMENT SOLUTIONS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

533 36 AVENUE NE - ST.PETERSBURG,FL.33704

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PETER PANLILIO-533 36 AVENUE NE--ST.PETERSBURG,FL.33704-PRESIDENT

ARTICLE VI REGISTERED AGENT

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

FRED SEIFTER---1707 OAK BRANCH CT.-BRANDON,FL.33511

ARTICLE VII INCORPORATOR

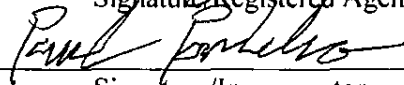
The name and address of the Incorporator is:

PAUL PANLILIO-533 36 AVE.NE--ST.PETERSBURG,FL.33704

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

4-17-07

Date

4-07-07

Date

FILED
07 APR -9 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA