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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE AND AN ASSEE, FLORIDA

VH 1838



January 14, 2008

STEVE JONES 3416 SPRING ST #3 POMPANO BEACH, FL 33062

SUBJECT: PAY INNOVATION INC. Ref. Number: W08000001828

We have received your document for PAY INNOVATION INC. and your check(s): totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document is not ligible for imaging, please use the proper form enclosed.

You must list at least one incorporator with a complete business street address. President of Section 1981.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 008A00002694

## **COVER LETTER**

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

SUBJECT: 1 C	(PROPOSED CORPORA	TE NAME – MUST INCL	LIDE CHEETY)	
	· (FROTOSED CONFOR	MEDITALE MEDITALE	obb Serring)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
\$70.00	<b>D</b>			
		\$78.75	<b>□</b> \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	• • •	
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			Status	
		ADDITIONAL COPY REQUIRED		
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	3416 Spring	Address		
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	City	, State & Lip		
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	305-505	-6828	<del>-</del>	
	Daytime	l elephone 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:

Pay Innovation Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3416 Spring St. #3 Pompano Beach, FL 33062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

proffessional services

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

steve Jones Founder Monika Jones Co-Founder

$\epsilon$ , $\epsilon$
ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:
steve Jones Monika Jones 3416 Spring St #3
3416 Spring St #3
Pompano Beach, FL 33062
ARTICLE VII ' INCORPORATOR
The <u>name and address</u> of the Incorporator is:
Steve Jones
3416 Spring St #3
Steve Jones 3416 Spring St #3 Pompano Beach, FL 33062
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
Mones  Jon 23 2008  Signature/Registered Agent  Date
Signature/Incorporator  Date  23 2008
$l_{i}$

FILED

08 JAN 28 AM 9: 30

SECRETARY OF STATE FALLAHASSEE, FLORIDA