

03-17-08

11:33

T-61

-07-04

F-782

08000028434

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000066484 3)))



H080000664843ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : HUNTON & WILLIAMS
Account Number : I20000000236
Phone : (305) 810-2542
Fax Number : (305) 810-2460

FILED
08 MAR 16 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Integrated Payments USA, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Please use original
date of submission
as date of
incorporation.
Thank you. 14th

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

RECEIVED
08 MAR 17 PM 1:03
DIVISION OF CORPORATION
3/14/2008

3118
0001



March 17, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUNTON & WILLIAMS

SUBJECT: INTEGRATED PAYMENTS USA, INC.
REF: W08000013894

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

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX And. #: H08000066484
Letter Number: 208A00015964

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

OF

INTEGRATED PAYMENTS USA, INC.

Pursuant to Chapter 607 of the Florida Statutes (the "Florida Business Corporation Act"), the undersigned, being a natural person, does hereby act as an incorporator in adopting and filing the following Articles of Incorporation for the purpose of organizing a business corporation.

ARTICLE I - NAME

The name of the corporation is INTEGRATED PAYMENTS USA, INC. (hereinafter called the "Corporation")

ARTICLE II - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and mailing address of the Corporation is 9480 South Dixie Highway, Miami, FL 33156.

ARTICLE III - PURPOSE

The Corporation is organized for the purpose of transacting any or all lawful business for corporations organized under the Florida Business Corporation Act of the State of Florida

ARTICLE IV - CAPITAL STOCK

The aggregate number of shares which the Corporation shall have the authority to issue is 100 shares of Common Stock.

ARTICLE V - INITIAL REGISTERED AGENT

The initial registered agent of the Corporation is Carlos J. Rincon. The Florida street address of the initial registered agent of the Corporation is 9480 South Dixie Highway, Miami, FL 33156

ARTICLE VI - INCORPORATOR

The name and address of the incorporator is Carlos J. Rincon, 18300 SW 88th PL, Miami, FL 33157.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 13th day of March, 2008.



Carlos J. Rincon, Incorporator

FILED
08 MAR 19 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(H080000664843)

**CERTIFICATE DESIGNATING THE ADDRESS
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED**

WITNESSETH:

That **INTEGRATED PAYMENTS USA, INC.**, desiring to organize under the laws of the State of Florida, has named Carlos J. Rincon, located at 9480 South Dixie Highway, Miami, FL 33156, as its agent to accept service of process within this state

ACKNOWLEDGMENT:

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with, and accept the duties and obligations of a registered agent outlined in Section 607.0505, Florida Statutes.

Dated this 13th day of March, 2008.

REGISTERED AGENT:

By: _____

Name: Carlos J. Rincon

FILED
08 MAR 17 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA