

P0800005/553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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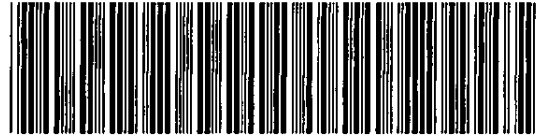
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 MAY 23 PM 4:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** EMS Payment Solutions II, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Sandra L. Harkins  
Name (Printed or typed)

182 Cipriani Way  
Address

Nokomis, Florida 34275  
City, State & Zip

727-641-6290  
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:

EMS Payment Solutions II, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

182 Cipriani Way  
Nokomis, Florida 34275

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide Credit Card Processing Services

**ARTICLE IV SHARES**

The number of shares of stock is:

500 Shares

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

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

Sandra L. Harkins 182 Cipriani Way Nokomis, Florida 34275 President

**ARTICLE VI REGISTERED AGENT**

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

Sandra L. Harkins  
182 Cipriani Way  
Nokomis, Florida 34275

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Sandra L. Harkins  
182 Cipriani way  
Nokomis, Florida 34275

\*\*\*\*\*  
*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*

*Sandra L. Harkins*

Signature/Registered Agent

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08 MAY 23 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*5-19-08*

Date