

P08000053078

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.

((H08000140289 3)))



H080001402893ABC%

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 : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 29 AM 10:50

FLORIDA PROFIT/NON PROFIT CORPORATION

ARISTON PAYMENT GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED
08 MAY 29 PM 4:23
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help

5/30/08

4/08000140289.3

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:

ARISTON PAYMENT GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

528 HARBOR GROVE CIRCLE
SAFETY HARBOR, FLORIDA 34695

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

2,000 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR

TONIANN MANNELLA
528 HARBOR GROVE CIRCLE
SAFETY HARBOR, FLORIDA 34695

DIRECTOR

RUSSELL MIGLINO
6642 10TH AVENUE NORTH
ST. PETERSBURG, FLORIDA 33710

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 29 AM 10:50

H-08000140289-3

PAGE 2 ARISTON PAYMENT GROUP, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

TONIANN MANNELLA
528 HARBOR GROVE CIRCLE
SAFETY HARBOR, FLORIDA 34695

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

TONIANN MANNELLA
528 HARBOR GROVE CIRCLE
SAFETY HARBOR, FLORIDA 34695

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.



TONIANN MANNELLA / Registered Agent

5/28/08
Date



TONIANN MANNELLA / Incorporator

5/28/08
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 29 AM 10:50