

P 11 0000031759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

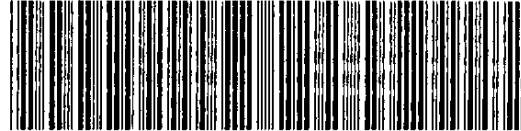
**L. SELLERS**

MAR 31 2011

**EXAMINER**

~~L. H. H. H. H. H.~~

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03/22/11--01035--007 \*\*113.75

**FILED**  
11 MAR 30 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Merchant Service Solutions, Inc.  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Loma Cox  
Contact Person

Merchant Service Solutions, Inc.  
Firm/Company

8973 SE Angelfish Terrace  
Address

Hobe Sound, FL 33455  
City, State and Zip Code

loma.cox@merchantsvcsolutions.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Loma Cox at ( 772 ) 675-3201  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2011

LOMA COX  
8973 SE ANGLEFISH TERRACE  
HOBE SOUND, FL 33455

SUBJECT: MERCHANT SERVICE SOLUTIONS, INC.  
Ref. Number: W11000016594

We have received your document for MERCHANT SERVICE SOLUTIONS, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

Please return 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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 511A00007133

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Merchant Service Solutions, LLC  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company  
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on July 27, 2009  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Merchant Service Solutions, Inc.  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date \_\_\_\_\_  
**(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)**

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

FILED  
MAR 30 PM 2:03  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Signed this 17<sup>th</sup> day of March, 20 11.

**Required Signature for Florida Profit Corporation:**

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Printed Name: Loma Cox Title: President / Member

**Required Signature(s) on behalf of Other Business Entity:** Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: [Signature]
Printed Name: Loma Cox Title: Managing Member

Signature:
Printed Name: Title:

Signature:
Printed Name: Title:

Signature:
Printed Name: Title:

Signature:
Printed Name: Title:

Signature:
Printed Name: Title:

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

- Certificate of Conversion: \$35.00
Fees for Florida Articles of Incorporation: \$70.00
Certified Copy: \$8.75 (Optional)
Certificate of Status: \$8.75 (Optional)

**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: **Merchant Service Solutions, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8973 SE Angelfish Terrace  
Hobe Sound, FL 33455

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

sale of credit card equipment and credit card processing for merchants

**ARTICLE IV SHARES**

The number of shares of stock is:

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

|   |                       |
|---|-----------------------|
| Name and Title: <u>Lorna Cox, President</u> | Name and Title: _____ |
| Address: <u>8973 SE Angelfish Terrace</u>   | Address: _____        |
| <u>Hobe Sound, FL 33455</u>                 | _____                 |
| _____                                       | _____                 |
| Name and Title: _____                       | Name and Title: _____ |
| Address: _____                              | Address: _____        |
| _____                                       | _____                 |
| _____                                       | _____                 |
| Name and Title: _____                       | Name and Title: _____ |
| Address: _____                              | Address: _____        |
| _____                                       | _____                 |
| _____                                       | _____                 |

Lorna Cox

**ARTICLE VI REGISTERED AGENT**

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

Name: Lorna Cox  
Address: 8973 SE Angelfish Terrace  
Hobe Sound, FL 33455

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lorna Cox  
Address: 8973 SE Angelfish Terrace  
Hobe Sound, FL 33455

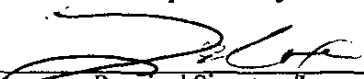
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11 MAR 23 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

  
\_\_\_\_\_  
Required Signature/Registered Agent

3/17/11  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Required Signature/Incorporator

3/17/11  
\_\_\_\_\_  
Date