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Florida Department of State

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FLORIDA PROFIT/NON PROFIT CORPORATION Centurion Payment Solutions Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.7 5

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Centurion Payment Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1360 99th Street Mlaml Beach, FL 33154

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS. The name and address of the initial registered agent is:

James Bergman 1350 99th Street Miami Beach, FL 33154

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

James Bergman - President/Director 1350 99th Street, Mlami Beach, FL 33154

ARTICLES VI INCORPORA TOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

James Bergman 1350 99th Street, Mlami Beach, FL 33154

The undersigned incorporator(s) has(have) executed theseArticles of Incorporation this

<u> 11th ____ day of August _____ 20_11 ___</u>

James Bergman

- Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Centurion Payment Solutions Inc.		ĭ¥S:	201	
2. The name and address of the registered agent and office is:	•	CRETARY O	11 AUG 12	FILE
James Bergman		-t-,	₽	
Name		STA	£.	
1350 99th Street	•	E SE	36	
(P.O. Box or Muil Drop Box NOT Acceptable)	•		•	
Miami Beach, FL 33154				

(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

James Belgman

SIGNATURE

08/11/2011

(I)ase)