

P11000103387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~011-58889~~

Office Use Only



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11/18/11--01016--010 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC -2 PM 5:39

APPROVED
FILED

W

COVER LETTER

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

SUBJECT: ELECTRONIC PAYMENT SOLUTIONS 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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

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

FROM: WAYNE PERRY
Name (Printed or typed)
1242 SW PINE ISLAND RD 42-243
Address
CAPE CORAL FL 33991
City, State & Zip
239-322-6238
Daytime Telephone number
WAYNEJ44RSM@AOL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2011

WAYNE PERRY
1242 SW PINE ISLAND RD 42-243
CAPE CORAL, FL 33991

SUBJECT: ELECTRONIC PAYMENT SOLUTIONS INC
Ref. Number: W11000058889

We have received your document for ELECTRONIC PAYMENT SOLUTIONS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 111A00026311

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: ELECTRONIC PAYMENT STRATEGIES INC
(Effective 1/1/12)

ARTICLE II PRINCIPAL OFFICE

Principal street address
1242 SW PINE ISLAND RD 42-243
CAPE CORAL FL. 33991

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR A PROFESSIONAL CORPORATION
CREDIT CARD PROCESSING

(Effective 1/1/12)

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WAYNE PERRY Pres
Address: 1242 SW PINE ISLAND RD
42-243
CAPE CORAL FL. 33991

Name and Title: HEATHER PERRY V.P.
Address: 1242 SW PINE ISLAND RD
42-243
CAPE CORAL FL. 33991

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: HEATHER PERRY
Address: 4312 NW 36th AVE
CAPE CORAL FL. 33993

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WAYNE PERRY
Address: 4312 NW 36th AVE
CAPE CORAL FL. 33993

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

Heather Perry
Required Signature/Registered Agent

1/14/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Wayne J Perry
Required Signature/Incorporator

1/14/11
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REC-2 PM 5:38

FILED