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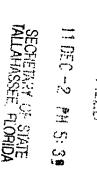
(Requestor's Name)					
(Address)					
. (Ad	dress)				
(Cit	y/State/Zip/Phone	∍ #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

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

SUBJECT: ELECTRONIC PAY	MENT SOLUTIONS INC.				
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:				
\$70.00 \$78.75 Filing Fee	▼ \$78.75 \$87.50				
& Certificate of Status	☐ Filing Fee, & Certified Copy Certified Copy				
& Certificate of Status	& Certificate of				
	Status				
	ADDITIONAL COPY REQUIRED				
FROM: WAYNE PE	000				
FROM: VV I Y N Name	(Printed or typed)				
1247 SW P	INE ISLAND PD 42-243				
A	Address				
C NOC CARAL	EL 22001				
CAPE CONTI	F1. 33991				
City, State & Zip					
239-322-	6738				
Daytime To	elephone number				

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

WAYNE J 44 R S M @ AOL . Com

E-mail address: (to be used for future annual report notification)



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.

Letter Number: 111A00026311

Valerie Herring Regulatory Specialist II New Filing Section

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	AME oration shall be: ELECTRONIC P	AY MENT S	STRATEG	ies Inc
ARTICLE II P	RINCIPAL OFFICE	(FPFECH	ive 1/1/12	-)
124:	Principal <u>street</u> address L SW PINE ISLAND RD 41-243 DE CORAL FL 33991	3	Mailing address, i	f different is:
ARTICLE III PU				
	th the corporation is organized is:			
F0(2 A PROFESSIONM	- Corpur	North	
	CHEDIT CARD PR	OCESSING	5	
	•	CF	ff Ective	dda)
ARTICLE IV SI	HARES	(+	1. 20/106	11.1.2)
The number of shares	of stock is: / O O			
ARTICLE V IN	IITIAL OFFICERS AND/OR DIRECTOR	S	11	0 0
	WHYNE PERFY PRES			
Address:	1242 SW PINE ISLAND RO	_ Address:	13 3 13 2	ene eathord
	CAPE CORAL FL 33991	<u>.</u> -	CAPE COPM	FL 33991
Name and Title:		Name and Title	<u>.</u>	
Address:				
		-		
Name and Title: Address:		Name and Title Address:	:	77.88 · ·
		•		A 33 03 03 03 03 03 03 03 03 03 03 03 03
	EGISTERED AGENT			
The <u>name and Florida</u> Name:	street address (P.O. Box NOT acceptable) of HEATKER PERRY	the registered age	nt is:	
Address:	1312 NW 36M AVE CAPE CORAL PL 32993	•		25 A C C C C C C C C C C C C C C C C C C
ARTICLE VII IN	CORPORATOR	•		
The name and addres				
Name: Address:	WAYNE PERRY 4312 NW 36Th AVE CAPE COMM FL 33993			
Having been named a this certificate, I am fa	is registered agent to accept service of process miliar with and accept the appointment as regis	for the above sta stered agent and c	ated corporation a agree to act in this	t the place designated in capacity
Thouse 5				July
Edition	Required Signature/Registered Agent			1/ 1 / 1//
				Date
	nt and affirm that the facts stated herein are in Ament of State constitutes a third degree felony			formation submitted in a
N. la	I will degree jetting	m provided jul li	=	1 1
Name	1 Lem			1114/11
1	Required Signature/Incorporator			/ Date