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12 MAR 30 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/17

## COVER LETTER

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

**SUBJECT:** American Payment Source, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Leon Adelstone

Name (Printed or typed)

14801 Briar Way

Address

Tampa FL 33613

City, State & Zip

813-264-7827

Daytime Telephone number

UncleLeon@aol.com

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

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

**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: **American Payment Source, Inc**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**6105 Memorial Blvd.**  
**Suite F**  
**Tampa FL 33615**

12 MAR 30 PM 1:11  
Mailing address, if different is:

**14801 Briar Way**  
**Tampa FL 33613**  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to provide merchant services, credit card processing, etc. for businesses.

**ARTICLE III A EFFECTIVE DATE:**

The effective date of the corporation shall be April 2, 2012

**ARTICLE IV SHARES**

The number of shares of stock is: 20,000

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

Name and Title: <b>Jason Rosa, President</b>	Name and Title: <b>Leon Adelstone, Chairman</b>
Address: <b>13281 Key Largo Drive</b>	Address: <b>14801 Briar Way</b>
<b>Tampa FL 33612</b>	<b>Tampa FL 33613</b>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: **Leon Adelstone**  
Address: **14801 Briar Way**  
**Tampa FL 33613**

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: **Leon Adelstone**  
Address: **14801 Briar Way**  
**Tampa FL 33613**

*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

**3-27-2012**  
\_\_\_\_\_  
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.*

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

**3-27-2012**  
\_\_\_\_\_  
Date