

P12000046301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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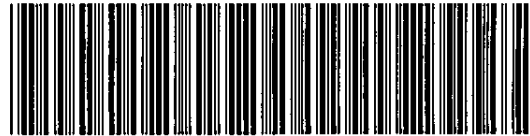
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 16 PM 3:13

MAY 17 2012

T. HAMPTON

64852-210

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AmeriPay Merchant 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:

Maria D. Vazquez

Contact Person

AmeriPay Merchant Solutions

Firm/Company

5801 Candytuft Place

Address

Land O' Lakes, FL 34639

City, State and Zip Code

maria.ameripay@gmail.com

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

For further information concerning this matter, please call:

Maria D. Vazquez

Name of Contact Person

at ( 813 ) 746-5555

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

RECEIVED

12 MAY 16 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 9, 2012

MARIA D VAZQUEZ  
5801 CANDYTUFT PLACE  
LAND O LAKES, FL 34639

SUBJECT: AMERIPAY MERCHANT SOLUTIONS, INC.  
Ref. Number: W12000025847

We have received your document for AMERIPAY MERCHANT SOLUTIONS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 312A00013910

**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:

AmeriPay Merchant 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 02/28/2007 2/24/07  
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:

FLORIDA

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

AmeriPay Merchant 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.

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Signed this 1st day of May, 20 12.

**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: Maria D. Vazquez

Printed Name: Maria D. Vazquez Title: President

**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: Milton D. Vazquez  
Printed Name: Milton D. Vazquez Title: Vice President

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: **AmeriPay Merchant Solutions, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5801 Candytuft Place  
Land O' Lakes, FL 34639

Mailing address, if different is:  
PO Box 116  
Land O' Lakes, FL 34639

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Commercial consulting services to businesses, NPO's and other legal entities in accordance with all applicable laws and regulations

**ARTICLE IV SHARES** ①

The number of shares of stock is: 100 common shares ②

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

Name and Title: MARIA D. VAZQUEZ, President  
Address: 5801 CANDYTUFT PLACE  
LAND O' LAKES, FL 34639

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: MILTON D. VAZQUEZ, Vice President  
Address: 5801 CANDYTUFT PLACE  
LAND O' LAKES, FL 34639

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: MARIA D. VAZQUEZ  
Address: 5801 CANDYTUFT PLACE  
LAND O' LAKES, FL 34639

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIA D. VAZQUEZ  
Address: 5801 CANDYTUFT PLACE  
LAND O' LAKES, FL 34639

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

*Maria D. Vazquez*  
Required Signature Registered Agent

05/01/2012  
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.

*Maria D. Vazquez*  
Required Signature Incorporator

05/01/2012  
Date

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