

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

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tmail.	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION **PAYMENTS PLUS INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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9/20/2012

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

FILED

The name of the corpo	AME PAYMENTS PLUS INC		12 SEP 20 AH 9: 37				
347	RINCIPAL OFFICE Principal street address 73 NE DAVIS STREET CADIA, FL 34266	Mailing a	SECRETARY OF STATE  deficie (fifther) (see FLORIE)				
ARTICLE M PU The purpose for whice ANY AN ALL LA	TRPOSE th the corporation is organized is: AWFULL BUSINESS.						
ARTICLE IV SI	HARES of stock is: 100 @10.00						
ARTICLE V IN	IITIAL OFFICERS AND/OR DIRECTOR						
	JESSE RITCH-P						
	3473 NE DAVIS STREET	_ Address:					
	ARCADIA, FI 34266	-					
		<del></del>					
Name and Mistor		Name of definition					
		Name and Title:	· · · · · · · · · · · · · · · · · · ·				
Address:							
		<del></del>					
Mome and Tislus		Name and Title					
Address:		_ Name and The:					
Audress:							
		<del></del>					
	<del></del>	<del></del>					
ARTICLE VI RE	EGISTERED AGENT						
	a street address (P.O. Box NOT acceptable) of	the registered agent is:					
Name:	JESSE RITCH						
Address:	3473 NE DAVIS STREET	<del>-</del>					
	ARCADIA FL 34266	-					
	14. 11. 12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	•					
ARTICLE VII IN	CORPORATOR						
The name and address	us of the Incorporator is:						
Name:	JESSE RITCH	_					
Address:	3473 NE DAVIS STREET						
	ARCADIA FL 34266	<del>-</del>					
		_					
	us registered agent to accept service of process						
this certifi-	appointment as reg	istered agent and agree to a	ect in this capacity				
_		)					
٠,			9/20/2012				
/	Required Signature/Registered Agent		Date				
			<del></del>				
I submit this document and affirm that the facts stated herein are true. I am oware that the false information submitted in a							
document to the Department of the Department of the Section of the							
			•				
A Proportion of the last of th		<del>,,</del>	9/20/2012				
	The state of the s	<del></del>	9/20/20 12 Date				