



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 048096 98373A

AUTHORIZATION :

COST LIMIT : \$ 105.00

ORDER DATE : March 11, 2014

ORDER TIME : 2:49 PM

ORDER NO. : 048096-005

CUSTOMER NO: 98373A

DOMESTIC AMENDMENT FILING

NAME: FINTEC PAYMENT SOLUTIONS, LLC

EFFECTIVE DATE:

☒ CERTIFICATE OF CONVERSION
☒ ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: _____

FILED
14 MAR 11 AM 7:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

FINTEC PAYMENT SOLUTIONS, LLC L140000014342

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 01/27/2014

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:

NA

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

FINTEC PAYMENT SOLUTIONS, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: FILING 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.)

FILED
14 MAR 11 AM 7:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Signed this 10th day of March, 2014

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or if Directors or Officers have not been selected, an Incorporator Bill B. Blakey *

Printed Name: BILL B. BLAKEY Title: DIRECTOR

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

* Signature Bill B. Blakey
Printed Name: BILL B. BLAKEY Title: AMBR

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: FINTEC PAYMENT SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

115 S. ANCHORAGE DRIVE

NORTH PALM BEACH, FL 33408

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100,000 shares of common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BILL B. BLAKEY, PSTD

Name and Title: _____

Address: 115 S. ANCHORAGE DRIVE

Address: _____

NORTH PALM BEACH, FL 33408

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: C. CHRISTIAN SAUTTER, ESQ.

Address: 2850 NORTH ANDREWS AVE.

WILTON MANORS, FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BILL B. BLAKEY
Address: 115 S. ANCHORAGE DRIVE
NORTH PALM BEACH, FL 33408

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

3-10-2014
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted by a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

3-10-2014
Date

FILED
14 MAR 11 AM 7:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA