

P/5000/0/656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

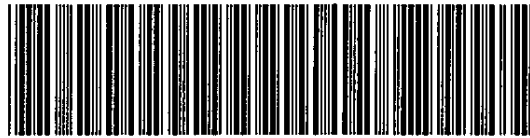
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300280115563

12/16/15--01015--017 **128.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 DEC 16 PM 12:05

u 12/29/15

COVER LETTER

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

SUBJECT: CERTIFICATE OF DOMESTICATION

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

CORPORATE PAYMENT SERVICES, INC.

Name (printed or typed)

333 WOODY CIRCLE

Address

MELBOURNE BEACH, FL 32951

City, State & Zip

801-738-3675 option 1

Daytime Telephone Number

chadw@shieldpayments.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, CHAD WENGEL, PRESIDENT,
(Name) (Title)

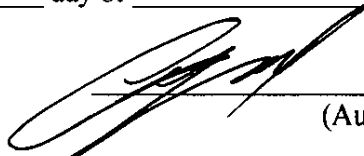
of CORPORATE PAYMENT SERVICES, INC. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was DECEMBER 13, 2010.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was UTAH.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was CORPORATE PAYMENT SERVICES, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is CORPORATE PAYMENT SERVICES, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was UTAH.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am CHAD WENGEL, of CORPORATE PAYMENT SERVICES, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 11 day of DECEMBER, 2015.


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 DEC 16 PM 12:05

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 DEC 16 PM 2:05

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

CORPORATE PAYMENT SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

333 WOODY CIRCLE

333 WOODY CIRCLE

MELBOURNE BEACH, FL 32951

MELBOURNE BEACH, FL 32951

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

ANY LEGAL OR LAWFUL PURPOSE

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 10,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

CHAD WENGEL, PRESIDENT

333 WOODY CIRCLE

MELBOURNE BEACH, FL 32951

Title/Name

WENDI WENGEL, DIRECTOR

333 WOODY CIRCLE

MELBOURNE BEACH, FL 32951

Title/Name

CHAD WENGEL, TREASURER

333 WOODY CIRCLE

MELBOURNE BEACH, FL 32951

Title/Name

Title/Name

CHAD WENGEL, DIRECTOR

333 WOODY CIRCLE

MELBOURNE BEACH, FL 32951

Title/Name

Title/Name

WENDI WENGEL, SECRETARY

333 WOODY CIRCLE

MELBOURNE BEACH, FL 32951

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

CHAD WENGEL

333 WOODY CIRCLE

MELBOURNE BEACH, FL 32951

ARTICLE VII INCORPORATOR


THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

CHAD WENGEL

333 WOODY CIRCLE

MELBOURNE BEACH, FL 32951

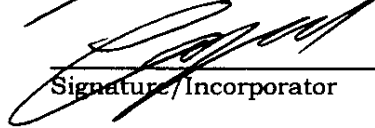
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



Signature/Registered Agent

12/11/15

Date



Signature/Incorporator

12/11/15

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 DEC 16 PM 12:05