

**P1600023656**

16000006  
ARTICLES

Division of Corporations  
Electronic Filing Cover Sheet

H16000006  
ARTICLES

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000066273 3)))



H160000662733ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6381

16 MAR 15 AM 11:10

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I2000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ADVANCE PAYMENT MERCHANT SERVICES, CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

16 MAR 15 PM 4:22

Department of State  
Florida Department of State

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME:** The name of the corporation is:

ADVANCE Payment Merchant Services, Corp

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9565 NW 41<sup>st</sup>  
Doral FL 33178.

16 MAR 15 AM 11:10  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

President

MIGADAY, MANEIRO

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ISAAC CASTRO  
9565 NW 41 ST  
Doral FL 33178

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

ISAAC CASTRO  
9565 NW 41 ST  
Doral FL 33178

Page 1 of 5  
006273  
Sheet

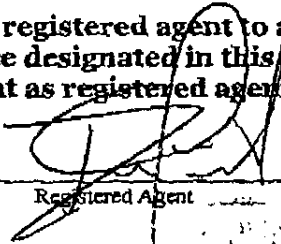
ARTICLES

In compliance with

STATE OF ARIZONA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
H-16000066273  
AI compl

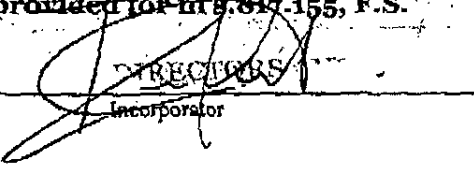
**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

3/15/2016  
\_\_\_\_\_  
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 § 81-155, F.S.

  
\_\_\_\_\_  
Incorporator

03/15/2016  
\_\_\_\_\_  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 15 AM 11:10

