

5/15/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# P19000041063

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*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

SafePay Labs Inc.

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

2019 MAY 16 AM 7:58

2019 MAY 16 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

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**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: SafePay Labs Inc.

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

100 S. Ashley Drive, Suite 600

TAMPA, Florida, 33602

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 1,260

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

Name and Title: Marvin Dickens, CEO/Director

Name and Title:

Address

100 S. Ashley Drive, Suite 600

Address:

TAMPA, Florida, 33602

Name and Title: Lee Dickens, CFO/Director

Name and Title:

Address

100 S. Ashley Drive, Suite 600

Address:

TAMPA, Florida, 33602

Name and Title: Mike Lockhart, Secretary/Director

Name and Title:

Address

100 S. Ashley Drive, Suite 600

Address:

TAMPA, Florida, 33602

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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 T Corporation System  
Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anthony Cammarata, Flint, Connolly & Walker, LLP  
Address: 131 East Main Street  
Canton, GA 30114

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

C T Corporation System:

By: \_\_\_\_\_ Rose Song, Assistant 5/14/2019  
Required Signature/Registered Agent SECRET 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 s.817.155, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator 5/15/2019  
Date