

6/14/2019

Division of Corporations

P19000048308

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.

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

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

2019 JUN 14 PM 2:46

FLORIDA PROFIT/NON PROFIT CORPORATION

True North Payments Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED
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19 JUN 14 AM 11:27
TAMPA, FLORIDA

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JUN 17 2019

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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: True North Payments Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1021 Ives Dairy Road, Building 3, Suite 115

1021 Ives Dairy Road, Building 3, Suite 115

Miami, FL 33179

Miami, FL 33179

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sean Long (President, Director, CFO)

Name and Title: David Lombardi (Secretary, Chairman)

Address: 10141 East Bay Harbor Drive, #3B

Address: 1021 Ives Dairy Rd. Bldg. 3, Ste 115

Bay Harbor Islands, FL 33154

Miami, FL 33179

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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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: Sean Long
Address: 10141 East Bay Harbor Drive, #3B
Bay Harbor Islands, FL 33154

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Sean Long
Address: 10141 East Bay Harbor Drive, #3B
Bay Harbor Islands, FL 33154

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

Sean Long	6/14/2019
_____ Required Signature/Registered Agent	_____ 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.

Sean Long	6/14/2019
_____ Required Signature/Incorporator	_____ Date:

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