

3/31/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
CXI PAYMENTS CORP.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

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: CXI PAYMENTS CORP.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

6675 Westwood Blvd

Suite 300

Orlando, Florida 32821

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any form of permitted online payments and money transfers

including those involving foreign exchange, wire transfers, ACH payments, as well as foreign check clearing

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares of common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Randolph Pinna - Director, CEO & President

Name and Title: Chirag Bhavsar - Director

Address: 6675 Westwood Blvd, Suite 300

Address: 450 South Orange Avenue, Suite 1400

Orlando, Florida 32821

Orlando, Florida 32801

Name and Title: Vincent James Sardo - Director

Name and Title:

Address: 158 Vintage Isle Lane

Address:

Palm Beach Garden, Florida 33418

Name and Title:

Name and Title:

Address:

Address:

2020 MAR 31 AM 10:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: CT Corporation System

Address: 1200 South Pine Island Road

Plantation, FL 33324

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Randolph Pinna

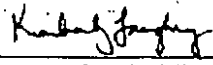
Address: 6675 Westwood Blvd., Suite 300

Orlando, Florida 32821

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: upon registration (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*

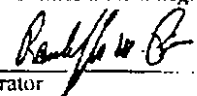
By: 

Required Signature/Registered Agent

March 31, 2020

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

March 31, 2020

Date

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 TALLAHASSEE, FL 32304