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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 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 GREEN TECH PAYMENT SOLUTIONS, INC.

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

|                         |                  | INCIPAL O     |             |          |             |
|-------------------------|------------------|---------------|-------------|----------|-------------|
| The princi              | ipal street addr | ess and maili | ng address  | is:      |             |
| 15676<br>Maia Mi        | S.W.             | 9th L         | ne          |          | <del></del> |
| Mia Mi                  | FL               | 33/94.        | ····        |          | _           |
| TICLE III SHARE         | S: The number    | of shares of  | stock is:   | 100      |             |
|                         |                  |               |             |          |             |
| ARTICLE IV              | INITIAL DI       | RECTORS A     | ND/OR O     | vv(errs: | ZU ATTACK   |
| Alecia                  | Valdivia         | Prosid        | IN T        |          |             |
| 1110310                 | V & 101 V/A      | 110/10        | ·/· /       |          | <del></del> |
| Kevin :                 | siles            | Vice          | President   |          |             |
|                         |                  |               |             |          |             |
|                         |                  | <del></del>   | <del></del> |          |             |
| ARTICLE V INITIA        | AL REGISTER      | RED AGENT     | AND STR     | RET ADD  | RESS:       |
|                         | et address (PO   |               |             |          |             |
| e name and riorida stre | Ma II ivia       |               |             |          |             |
| e name and Florida stre | v~10 11/2        |               |             |          |             |
| Aksio                   |                  | LAM           |             |          |             |
| <u>Aksio</u><br>15676   | 5.W. 9th         |               |             |          |             |
| <u>Aksio</u><br>15676   |                  |               |             |          |             |

## 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 , 9/13/2020

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.

Ellero Valdiniz : 1//3/2020
Encorporator Date