

# P24000044225

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H24000224804 3))



H240002248043ABC-

**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

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)813-1184  
Fax Number : (516)935-3088

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

Email Address: michael@alliedmgmt.net

RECEIVED  
2024 JUL -1 AM 9:34

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Achieve Payment Solutions Inc.**

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

2024 JUL -1 11:10:26  
ma

ga

H24000224804

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: Achieve Payment Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address 13050 Highway A1A Mailing address, if different is:  
Vero Beach, FL 32963

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Finance Tech

ARTICLE IV SHARES

The number of shares of stock is: 1,000 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Morgan - President/Director Name and Title: \_\_\_\_\_  
Address: 535 Richmond Rd Address: \_\_\_\_\_  
East Meadow, NY 11554

Name and Title: Kenneth Tomaro Jr. - Vice President/ Director Name and Title: \_\_\_\_\_  
Address: 13050 Highway A1A Address: \_\_\_\_\_  
Vero Beach, FL 32963

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

H24000224804

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: Kenneth Tomaro Jr.  
 Address: 13050 Highway A1A  
Vero Beach, FL 32963

**ARTICLE VII INCORPORATOR**

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

Name: Michael Morgan  
 Address: 535 Richmond Rd  
East Meadow, NY 11554

2024 JUL -1 PM 10:26

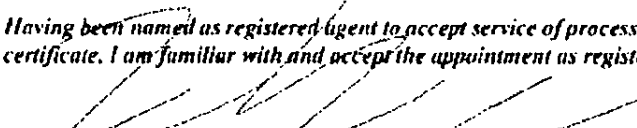
**ARTICLE VIII EFFECTIVE DATE:**

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

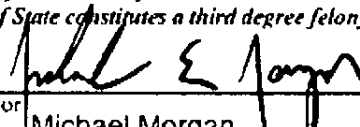
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 May 6th, 2024  
 Required Signature/Registered Agent **Kenneth Tomaro Jr.** 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.*

 May 6th, 2024  
 Required Signature/Incorporator **Michael Morgan** Date