

# P9500023798

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

Subject: Merchant Payment Services Inc.

Enclosed is an original and (1) one copy of the articles of incorporation and our check for \$ 122.50.

From:

James R. Williams  
5160 Hwy 98e #13  
Destin, Fl. 32541  
904-654-0829

900001438019  
-03/23/95--01058--005  
\*\*\*\*122.50 \*\*\*\*122.50

Note: Please provide the original an one copy of the Articles.

FILED  
95 MAR 23 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AK6  
3-24

**ARTICLES OF INCORPORATION  
OF**

**Merchant Payment Services Inc.**

FILED  
MAR 23 1969  
CLERK OF THE  
COURT  
JACKSONVILLE  
FLORIDA

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following articles of incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**Merchant Payment Services Inc.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

5160 Hwy 98e #13  
Destin, Fl. 32541

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

**ARTICLE IV REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

James R. Williams  
5160 Hwy 98e #13  
Destin, Fl. 32541

**ARTICLE V INCORPORATORS**

The name and street address(es) of the incorporator(s) to these Articles of Incorporation is (are) :

James R. Williams  
5160 Hwy 98e #13  
Destin, Fl. 32541

The undersigned incorporator(s) has (have) executed these articles of incorporation this 20th day of March 1995.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$ 35


**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 of 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida .

1. The name of the Corporation is: Merchant Payment Services Inc.
- 2 The name and address of the registered agent and office is:

James R. Williams  
5160 Hwy 98e #13  
Destin, Fl. 32541

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
-----  
Signature

March 20th 1995

FILED  
95 MAR 23 19 9 49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1996 OCT 24 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000023798**

1. Corporation Name

**MERCHANT PAYMENT SERVICES, INC.**

Principal Place of Business

5100 HWY 90E #13  
DESTIN FL 32541

Mailing Address

5100 HWY 90E #13  
DESTIN FL 32541

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

10221 Hwy. 98 W.  
Suite, Apt. #, etc.

13

City & State

Destin, FL

Zip

32541

Country

Walton

3. New Mailing Office Address, if Applicable

10221 Hwy. 98 W.  
Suite, Apt. #, etc.

13

City & State

Destin, FL

Zip

32541

Country

Walton

4. Date Incorporated or Qualified  
To Do Business in Florida

03/23/1995

5. FEI Number

59-3302335

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	James R. Williams	1054 Forrest Dr., Destin, FL	Destin, FL 32541

800001994948--8  
-11/04/96--01031--0004  
\*\*\*\*375.00 \*\*\*\*375.00

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

WILLIAMS, JAMES R  
5100 HWY 90E #13  
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dep't of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Williams

10/4/96

Date

904-654-0829

Daytime Phone #