

P45000033645

THOMAS P. SCIORTINO

95 MAY -1 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUITE 111
174 W. COMSTOCK AVE.
WINTER PARK, FL 32789
(407) 740-8622
(407) 740-8227 (FAX)

December 28, 1994

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

PERIODICAL BUSINESS
-12-29-94-110000-011
122.50

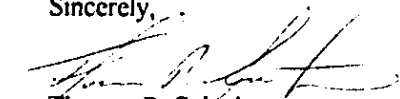
Dear Sirs:

Enclosed are the completed forms for incorporating Merchant Payment Services of Orlando, Inc. Please cause these to be filed in the normal course of your business. I have sent these by overnight courier to the above address to have them filed on December 29, 1994.

Also Enclosed is my check in the amount of One Hundred Twenty-Two (\$122.50) and 50/100 Dollars to facilitate the filing and the return to me of a certified copy of the filing.

Thank-you for your anticipated cooperation and assistance in this matter.

Sincerely,


Thomas P. Sciortino

Jennifer - old RA address
0670
0671
0675
0671
094-2760
12/29/94
(25)

095-4315



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 30, 1994

THOMAS P. SCIORITNO
174 WEST COMSTOCK AVENUE
STE. 111
WINTER PARK, FL 32789

SUBJECT: MERCHANT PAYMENT SERVICES OF ORLANDO, INC.
Ref. Number: W94000027606

We have received your document for MERCHANT PAYMENT SERVICES OF ORLANDO, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 394A00054899



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 27, 1995

TOM SCIORTINO
174 W COMSTOCK AVENUE
WINTER PARK, FL 32789

SUBJECT: MERCHANT PAYMENT SERVICES OF ORLANDO, INC.
Ref. Number: W95000004315

We have received your document for MERCHANT PAYMENT SERVICES OF ORLANDO, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 995A00008627

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation act, hereby adopts the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be **Merchant Payment Services of Orlando, Inc.**

ARTICLE II PRINCIPAL OFFICE

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

507 N. New York Avenue, Suite RR-4
Winter Park, FL 32789

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of stock at non par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is

Thomas P. Sciortino
Suite RR-4
507 N. New York Avenue
Winter Park, FL 32789

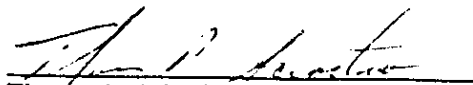
SECRET
TALLAHASSEE, FLORIDA
MAY - 1 1971
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ARTICLE V INCORPORATOR

The name and street address of the incorporator of these Articles of Incorporation is

Thomas P. Sciortino
Suite RR-4
507 N. New York Avenue
Winter Park, FL 32789

The undersigned incorporator has executed these Articles of Incorporation this 28th day of December, 1994.


Thomas P. Sciortino

CLERK -
MAY 21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of 607.0501 OR 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 of Orlando, Inc.
2. The Name and Address of the Registered Agent and Office is:

Thomas P. Sciortino
Suite RR-4
507 570 N. New York Avenue
Winter Park, FL 32789

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 I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


Thomas P. Sciortino

4-28-95
April 28, 1995