

Chapter Number Only

P950000 71732

9-15-95

Requestor's Name <sup>7900</sup>  
Marianne P. P. P.  
Address  
1 S.E. 3rd Ave  
Marianne P. P.  
City State ZIP Phone  
377-3721

VALIDATION ONLY

FILED  
1995 SEP 18 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-09/18/95--01016--020  
\*\*\*\*122.50 \*\*\*\*122.50

CORPORATION(S) NAME

IPS, INTEGRATED Payment systems  
CORP.

EMPIRE Toll Free: 1-800-432-3028

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Profit      | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit              | <input type="checkbox"/> Foreign            | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Dissolution        | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Annual Report      | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reservation            | <input type="checkbox"/> Certified Copy     | <input type="checkbox"/> Photo Copies               |
| <input type="checkbox"/> Certificate Under Seal | <input type="checkbox"/> Call When Ready    | <input type="checkbox"/> After 4:30                 |
| <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> Walk In            | <input type="checkbox"/> Mail Out                   |
| <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |   |

Name
Availability
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Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY

SEP 18 1995

# ARTICLES OF INCORPORATION

of

IPS, INTEGRATED PAYMENT SYSTEMS CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

IPS, INTEGRATED PAYMENT SYSTEMS CORP.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

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## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE THOUSAND shares ( 1,000 ) of ONE  
Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares".

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	OMAR CABRERA		
ADDRESS	10111 S.W. 3rd Street		
CITY	MIAMI	FLORIDA	ZIP 33174

The principal office, if known, or the mailing address of the corporation is:

NAME	IPS, INTEGRATED PAYMENT SYSTEMS CORP.		
ADDRESS	10111 S.W. 3rd Street		
CITY	MIAMI	FLORIDA	ZIP 33174

# ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

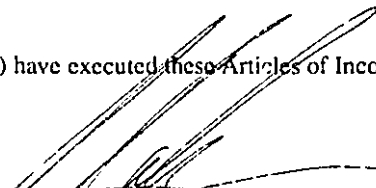
NAME	OMAR CABRERA		
ADDRESS	10111 S.W. 3rd Street		
CITY	MIAMI	STATE FLORIDA	ZIP 33174
NAME	MAURICIO GLASER		
ADDRESS	10509 S.W. 78th Street		
CITY	MIAMI	STATE FLORIDA	ZIP 33173
NAME			
ADDRESS			
CITY		STATE	ZIP

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	OMAR CABRERA		
ADDRESS	10111 S.W. 3rd Street		
CITY	MIAMI	STATE FLORIDA	ZIP 33174
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 14 day of September, 19 95.

  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)

CERTIFICATE AND KNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

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TALLAHASSEE, FLORIDA

IPS, INTEGRATED PAYMENT SYSTEMS CORP.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 10111 S.W. 3rd Street

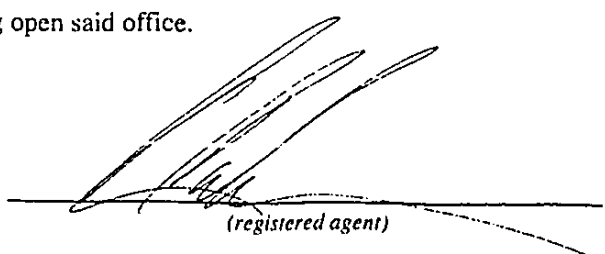
MIAMI, FLORIDA 33174

has named OMAR CABRERA

located at the aforesaid address, as its Registered Agent to accept service of process within  
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated  
corporation at the place designated in this certificate, and being familiar with the obliga-  
tions of that position, I hereby accept to act in this capacity, and agree to comply with the  
provisions of Florida Law in keeping open said office.

  
(registered agent)