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

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Enclosed is an origina	al and one(1) copy of the articles	s of incorporation and a c	check for :	
☑ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Michelle M. +	farrold inted or typed)	·	. .
	22167 Mart		99 JAN SECKE	
	Bocu Raton,	FL 33433. State & Zip		
	541-88	3 - (\$555 elephone number	SEEFFLORIDA	

NOTE: Please provide the original and one copy of the articles.

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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:
Card Payment Systems of Bocu Raton, Inc
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
Boca Raton, FL 33433
Boca Raton, FL 33433
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 Common Stock
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Michalla M Hazall
Michelle M. Harrold 22167 Martella Avenue
Back Cata Cl 321132
Boca Raton, FL 33433 ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
Michelle M. Harrold
22167 Martella Avenue
A A Hvente
Duca Laton, FL 33433
Well 14 99
Signature/Incorporator Date
1

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept ser	rvice of process for the above stated corporation at the place designated in thi
certificate, I hereby accept the appointment as registered	d agent and agree to act in this capacity. I further agree to comply with the
provisions of all statutes relating to the proper and co	omplete performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	1/14/00
Signature/Registered Agent	<u> </u>
Signature/Registeren Agent	Date