

Charter Number Only

P440004668

Broward Legal Supply

Requestor's Name

2890 GRIFFIN Rd. #2

Address

Fort Lauderdale FL 33312

City

State

ZIP

Phone

(954) 985-0600

ATION ONLY

200002880882--0

-05/20/99--01022--016

*****78.75 *****78.75

CORPORATION(S) NAME

Simplified Bankly Services Inc.



Empire Toll Free: 1-800-432-3028

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

99 MAY 24 AM 10:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name	
Availability	
Document	
Examiner	
Updater	5/25
Verifier	
Acknowledgment	
W.P. Verifier	

511

Cert. copy

1199-11820



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 20, 1999

EMPIRE

MIAMI, FL

SUBJECT: SIMPLIFIED BANKING SERVICES INC.
Ref. Number: W99000011820

We have received your document for SIMPLIFIED BANKING SERVICES INC.. However, the document has not been filed and is being returned for the following:

Written approval and clearance of the terms BANK, BANKER, BANC, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION must be obtained from the Division of Banking and Finance, pursuant to section 655.922(2a), Florida Statutes. The address is:

Division of Banking
Director's Office
101 E. Gaines St.
Fletcher Bldg., 6th Floor.
Tallahassee, FL 32399-0350
(850) 488-1111.

Please return the original and one copy of 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 (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 899A00027968

RECEIVED
99 MAY 24 AM 9:00
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

OF

Simplified Payment Services, Inc.

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

ARTICLE I NAME

The name of the corporation shall be:

Simplified Payment Services, Inc.

FILED
99 MAY 24 AM 10:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

18950 SW 53 St.
Ft. Lauderdale, FL 33332

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 @ \$1

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Donald W. Sullivan
18950 SW 53 St.
Ft. Lauderdale, FL 33332

ARTICLE V INCORPORATOR(S)

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

Donald W. Sullivan
18950 SW 53 St.
Ft. Lauderdale, FL 33332

The undersigned has(have) executed these Articles of Incorporation this

18th. day of May, 19 99

 President
Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: Simplified Payment Services, Inc.

2. The name and address of the registered agent and office is:

Donald W. Sullivan

(NAME)

18950 SW 53 St.

(P.O. BOX NOT ACCEPTABLE)

Ft. Lauderdale, FL 33332

(CITY/STATE/ZIP)

SIGNATURE

(corporate officer)

TITLE President

DATE May 18, 1999

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.

SIGNATURE

DATE May 18, 1999

REGISTERED AGENT FILING FEE: \$35.00