

F06000006799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

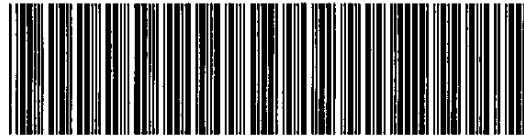
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: WHOLESALE MERCHANT PROCESSING INC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

STARLEE BURGESS
(Name of Person)
WHOLESALE MERCHANT PROCESSING INC
(Firm/Company)
9640 SW SUNSHINE CT. STE. 100
(Address)
BEAVERTON, OR 97005
(City/State and Zip code)

For further information concerning this matter, please call:

STARLEE BURGESS at (866) 570-1667 x310
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2006

STARLEE BURGESS
9640 SW SUNSHINE CT. STE 100
BEAVERTON, OR 97005

SUBJECT: WHOLESALE MERCHANT PROCESSING INC
Ref. Number: W06000042506

We have received your document for WHOLESALE MERCHANT PROCESSING INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 606A00057667

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. WHOLESALE MERCHANT PROCESSING INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OREGON 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/26/05 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 9/15/06
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9640 SW SUNSHINE CT. STE. 100, BEAVERTON, OR 97005
(Principal office address)

9640 SW SUNSHINE CT. STE. 100, BEAVERTON, OR 97005
(Current mailing address)

8. CREDIT CARD PROCESSING TRANSACTIONS.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

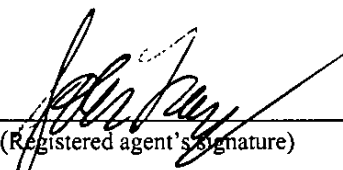
Name: BUSINESS FILINGS INC

Office Address: 1203 GOVERNORS SQUARE BLDG. STE 101

TALLAHASSEE, Florida 32301-2960
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: TODD MCCARTNEY

Address: 9640 SW SUNSHINE CT. STE. 100
BEAVERTON, OR 97005

Vice President: BRETT TAYLOR

Address: 9640 SW SUNSHINE CT. STE. 100
BEAVERTON, OR 97005

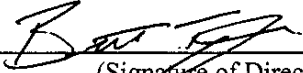
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. BRETT TAYLOR - VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

CERTIFICATE

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State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, **BILL BRADBURY**, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

WHOLESALE MERCHANT PROCESSING INC.

was

incorporated

under the Oregon

Business Corporation Act

on

October 26, 2005

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State



By Debra L. Virag
Debra L. Virag
September 8, 2006