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# Florida Department of State

## Division of Corporations

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Phone : (614)280-3338
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company**
**WORLDPAY ISO AND ECOMMERCE LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Worldpay ISO and eCommerce, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")

2. Nebraska
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-0770502
(FEI number, if applicable)

4. 01/23/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8500 Governors Hill Drive
Cincinnati, OH 45249-1384
(Street Address of Principal Office)

6. 8500 Governors Hill Drive
Cincinnati, OH 45249-1384
(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (Zip code)

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**Registered agent's acceptance:**
***Having been named as registered agent and to accept service of process for the above stated limited liability company 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.***

By: Stephanie Hencz Stephanie Hencz, Assistant Secretary
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|---|---|---|---|
| ☒ Manager | Name: Charles H. Keller | ☒ Manager | Name: Craig M. Myers |
| ☐ Member | Address: 8500 Governors Hill Drive | ☐ Member | Address: 8500 Governors Hill Drive |
| ☐ Authorized Person | Cincinnati, OH 45249-1384 | ☐ Authorized Person | Cincinnati, OH 45249-1384 |
| ☐ Other _____ | ☐ Other _____ | ☐ Other _____ | ☐ Other _____ |
| ☐ Manager | Name: Worldpay, LLC | ☐ Manager | Name: |
| ☒ Member | Address: 8500 Governors Hill Drive | ☐ Member | Address: |
| ☐ Authorized Person | Cincinnati, OH 45249-1384 | ☐ Authorized Person | |
| ☐ Other _____ | ☐ Other _____ | ☐ Other _____ | ☐ Other _____ |
| ☐ Manager | Name: | ☐ Manager | Name: |
| ☐ Member | Address: | ☐ Member | Address: |
| ☐ Authorized Person | | ☐ Authorized Person | |
| ☐ Other _____ | ☐ Other _____ | ☐ Other _____ | ☐ Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jennifer L. Garberich
Signature of an authorized person

Jennifer L. Garberich
Typed or printed name of signer

# STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the State of Nebraska, do hereby certify that

**WORLDPAY ISO AND ECOMMERCE, LLC**

**was duly formed under the laws of Nebraska on September 29, 1993;**

**all fees, taxes, and penalties due under the Nebraska Uniform Limited Liability Company Act or other law to the Secretary of State have been paid;**

**the Company's most recent biennial report required by section 21-125 has been filed by the Secretary of State;**

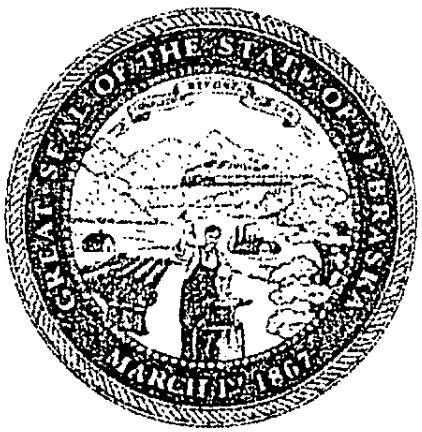
**the Secretary of State has not administratively dissolved the company;**

**the Company has not delivered to the Secretary of State for filing a Statement of Dissolution;**

**a Statement of Termination has not been filed by the Secretary of State.**

*This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.*

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

**March 19, 2024**

Secretary of State