

The State of South Carolina



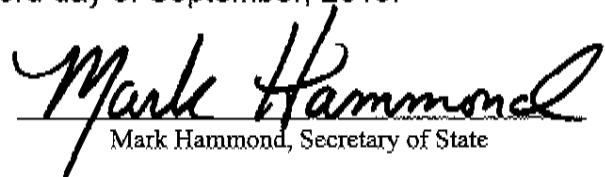
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina, Hereby Certify that:

HIGH RISK MERCHANT ACCOUNT LLC, a limited liability company duly organized under the laws of the State of South Carolina on September 22nd, 2015, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C.Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
23rd day of September, 2015.


Mark Hammond, Secretary of State

SEP 22 2015

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

- The name of the limited liability company (Company ending must be included in name*)
High Risk Merchant Account LLC

***NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."**

- The address of the initial designated office of the limited liability company in South Carolina is
5166 Eastway Street

	Street Address
North Charleston	29418
City	Zip Code

- The initial agent for service of process is
Thomas A. Piccolo

Thomas A. Piccolo
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is
5166 Easyway Street

	Street Address
North Charleston	29418
City	Zip Code

List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- 1st National Payment Systems Inc
Name
5166 Eastway Street

	Street Address
North Charleston	SC 29418
City	State Zip Code

- Name
Street Address

	City		State		Zip Code
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150923-0071
 HIGH RISK MERCHANT ACCOUNT LLC
 Filing Fee: \$110.00 ORIG
 FILED: 09/22/2015
 Mark Hammond
 South Carolina Secretary of State

5. Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) Thomas A. Piccolo
 Name
5166 Eastway Street
 Street Address
North Charleston SC 29418
 City State Zip Code

(b) _____
 Name

 Street Address

 City State Zip Code

7. Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Thomas A. Piccolo, President
 Signature of Organizer

9/21/2015

Date

 Signature of Organizer

 Date