

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

P101
0914528.09
Alison Lundergan Grimes
Secretary of State
Received and Filed
2/19/2015 12:00:00 AM
Fee receipt: \$90.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

**Certificate of Authority
Foreign Business Entity**

FBE

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 271B the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **profit** corporation.
2. The name of the entity is **Forte Payment Systems, Inc.**
3. The state or country under whose law the entity is organized is **California**.
4. The date of organization is **04/07/2000**.
5. The mailing address of the entity's principal office is **500 West Bethany, Suite 200, Allen, TX 75013**.
6. The street address of the entity's registered office in Kentucky is **3941 Pinecrest Way, Lexington, KY 40514** and the name of the registered agent in that office is **Jim Hayes**.
7. The names and business addresses of the entity's representatives:
Jeffrey Thorness 500 West Bethany, Allen, Texas 75013
8. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
9. This application will be effective on filing.

Signature of Authorized Representative:
Debbie F Fowler

I, **Jim Hayes**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Jim Hayes