

STATE OF NEVADA



ROSS MILLER  
Secretary of State

SCOTT W. ANDERSON  
Deputy Secretary  
for Commercial Recordings

OFFICE OF THE  
SECRETARY OF STATE

Certified Copy

April 27, 2011

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The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
20070670395-19	Articles of Organization	1 Pages/1 Copies



Respectfully,

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER  
Secretary of State

Certified By: Joann Larson  
Certificate Number: C20110427-2499  
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online at <http://www.nvsos.gov/>

Commercial Recording Division  
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**Articles of Organization  
 Limited-Liability Company**  
 (PURSUANT TO NRS 86)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

<b>1. Name of Limited-Liability Company:</b> <i>(must contain approved limited-liability company wording; see instructions)</i>	iFunds Cash Solutions, LLC		Check box if a Series Limited-Liability Company <input type="checkbox"/>
<b>2. Resident Agent Name and Street Address:</b> <i>(must be a Nevada address where process may be served)</i>	The Corporation Trust Company of Nevada		
	Name		
	6100 Neil Road, Suite 500	Reno	Nevada 89511
	(MANDATORY) Physical Street Address	City	State Zip Code
	(OPTIONAL) Mailing Address	City	State Zip Code
<b>3. Dissolution Date:</b> <i>(OPTIONAL; see instructions)</i>	Latest date upon which the company is to dissolve (if existence is not perpetual):		
<b>4. Management:</b>	Company shall be managed by <input type="checkbox"/> Manager(s) OR <input checked="" type="checkbox"/> Members <i>(check only one box)</i>		
<b>5. Name and Address of each Manager or Managing Member:</b> <i>(attach additional page if more than 3)</i>	iPayment, Inc.		
	Name		
	40 Burton Hills Blvd., Suite 415	Nashville	TN 37215
	Address	City	State Zip Code
	Name		
	Address	City	State Zip Code
	Name		
	Address	City	State Zip Code
<b>6. Name, Address and Signature of Organizer:</b> <i>(attach additional page if more than 1)</i>	J. Kevin Kidd		
	Name	Signature	
	511 Union Street, Suite 2700	Nashville	TN 37219
	Address	City	State Zip Code
<b>7. Certificate of Acceptance of Appointment of Resident Agent:</b>	I hereby accept appointment as Resident Agent for the above named limited-liability company.		
	Authorized Signature of R.A. or On Behalf of R.A. Company	Date 10/1/07	

This form must be accompanied by appropriate fees.

Michael E. Jones  
 Assistant Secretary

Nevada Secretary of State Form LLC Arts 2007  
 Revised on 01/01/07