

STATE OF NEVADA

ROSS MILLER
Secretary of State



SCOTT W. ANDERSON
Deputy Secretary
for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

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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 of Ross Miller in black ink.

ROSS MILLER
Secretary of State

Certified By: Joann Larson
Certificate Number: C20110427-2499
You may verify this certificate
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Articles of Organization Limited-Liability Company

(PURSUANT TO NRS 88)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: <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"/>
2. Resident Agent Name and Street Address: <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		
3. Dissolution Date: <i>(OPTIONAL: see instructions)</i>	Latest date upon which the company is to dissolve (if existence is not perpetual):		
4. Management:	Company shall be managed by <input type="checkbox"/> Manager(s) OR <input checked="" type="checkbox"/> Members <i>(check only one box)</i>		
5. Name and Address of each Manager or Managing Member: <i>(attach additional pages 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		
6. Name, Address and Signature of Organizer: <i>(attach additional pages if more than 1)</i>	J. Kevin Kidd Name 511 Union Street, Suite 2700 Nashville TN 37219 Address City State Zip Code		
7. Certificate of Acceptance of Appointment of Resident Agent:	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		