

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM660251

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
ELECTRONIC PAYMENT PROVIDERS, INC.		06/15/2021	Corporation: ARIZONA
RECEIVING PARTY DATA			
Name:	ELECTRONIC PAYMENT PROVIDERS, LLC		
Street Address:	2800 N 44TH ST #1100		
City:	Phoenix		
State/Country:	ARIZONA		
Postal Code:	85008		
Entity Type:	Limited Liability Company: ARIZONA		
PROPERTY NUMBERS Total: 5			
Property Type	Number	Word Mark	
Registration Number:	4861134	GROWING PAYMENTS WITH TECHNOLOGY	
Registration Number:	4841567	PAYRAZR	
Registration Number:	3794472	BILLINGTREE	
Registration Number:	6131252	PAYRAZRX	
Serial Number:	87909997	CAREVIEW	
CORRESPONDENCE DATA			
Fax Number:	4048856588		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	4048853330		
Email:	trademarks@troutman.com		
Correspondent Name:	Michael D. Hobbs, Jr. Esq.		
Address Line 1:	600 Peachtree Street, NE, Suite 3000		
Address Line 4:	Atlanta, GEORGIA 30308-2216		
ATTORNEY DOCKET NUMBER:	237838.000015		
NAME OF SUBMITTER:	Michael D. Hobbs, Jr.		
SIGNATURE:	/Michael D. Hobbs, Jr./		
DATE SIGNED:	07/15/2021		

CH \$140.00 4861134

Total Attachments: 8

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source=Electronic Payment Providers LLC-AZ-Articles of Organization#page1.tif

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DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

STATEMENT OF CONVERSION

Read the Instructions M085i

- 1. **CONVERTING ENTITY NAME:** Electronic Payment Providers, Inc.
 - 1.1 **CONVERTING ENTITY JURISDICTION OF ORGANIZATION:** Arizona
 - 1.2 **CONVERTING ENTITY TYPE - (e.g., corporation, LLC):** Corporation
 - 1.3 **CONVERTING ENTITY ORIGINAL DATE OF INCORPORATION/ORGANIZATION:** 02/26/2003

- 2. **CONVERTED ENTITY NAME (see Instructions):**
Electronic Payment Providers, LLC

- 2.1 **CONVERTED ENTITY JURISDICTION OF ORGANIZATION:** Arizona

- 2.2 **CONVERTED ENTITY TYPE - Check only one and follow instructions:**
 - Arizona corporation** - attach to this Statement the Articles of Incorporation.
 - Arizona LLC** - attach to this Statement the Articles of Organization.
 - Arizona limited partnership (LP, LLP, LLLP)** - attach to this Statement the limited partnership document that is required to be filed with the Secretary of State's office.
NOTE - partnerships must also file with the Arizona Secretary of State.
 - Foreign corporation seeking registration with the A.C.C.** - attach to this Statement the Application for Authority.
 - Foreign LLC seeking registration with the A.C.C.** - attach to this Statement the Foreign Registration Statement.
 - Foreign corporation, LLC, or other entity that is not, and will not, be registered with the A.C.C.**

- 3. **FOREIGN CONVERTED ENTITY, NOT QUALIFIED IN ARIZONA - MAILING ADDRESS** (foreign entities that are not and will not be qualified to transact business or conduct affairs in Arizona must provide a mailing address to which service of process may be mailed):

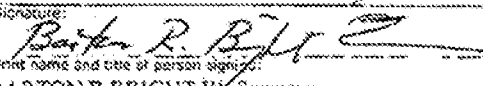
Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

4. APPROVAL OF CONVERSION – (applies to the converting entity):

By the signatures appearing on this Statement of Conversion, the converting entity declares under the penalty of perjury that the plan of conversion was approved by the Arizona converting entity in accordance with A.R.S. § 29-2403, or, if the converting entity is a foreign entity, in accordance with the laws of its jurisdiction of organization.

5. DELAYED EFFECTIVE DATE – Complete this section only if the conversion will have a *delayed* effective date of not more than 90 days after delivery of the Statement to the A.C.C. – list that date below:

SIGNATURES: The converting entity must sign.
The signer of this Statement declares and certifies *under penalty of perjury* that this Statement together with any attachments is submitted in compliance with Arizona law.

Entity Name: Electronic Payment Providers, Inc.	
Signature: 	DATE: June 15, 2021
Print Name and title of person signing: BARTON R BRIGHT III, Secretary	

Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: \$300.00 (corporations) \$50 (LLCs) All fees are nonrefundable - see instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are public records and are open for public inspection. If you have questions after reading the instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.



Corporations Division

COMMISSIONERS
 Lea Márquez Peterson - Chairwoman
 Sandra D. Kennedy
 Justin Olson
 Anna Tovar
 Jim O'Connor

Date: 6/15/2021

Delivered via: Email

CT Corporation System
 Scott Waley
 3800 N. Central Ave., Ste 460
 PHOENIX AZ 85012
 USA

RE: Entity Name: ELECTRONIC PAYMENT PROVIDERS, LLC
ACC File Number: 23236329
ACC Order Number: 202106151294355
Document Received 06/15/2021
Date:
Document Type: Articles of Organization

We are pleased to notify you that the document referenced above submitted for the entity referenced above has been APPROVED for filing.

If the statutory agent street address is NOT in Maricopa County or Pima County, the document must be published. The publication must be completed within 60 days after 6/15/2021, which is the date the ACC approved the document for filing, and must be in a newspaper of general circulation in the county of the known place of business in Arizona for three consecutive publications. A list of acceptable newspapers in each county is available on the ACC website at <http://azcc.gov/docs/default-source/corps-files/newspaper-list-for-publishing.pdf>. You may receive an Affidavit of Publication from the newspaper that may be filed with the ACC, but filing it is not mandatory.

If the statutory agent street address is in Maricopa County or Pima County, the Commission has already posted notice of the approved document on its website at <http://ecorp.azcc.gov/publicnotice/index>. This posting by the Commission satisfies the statutory requirement for public notice, and no further action on your part is required in order to satisfy the notice requirement. You may, however, choose to provide additional public notice by publishing a copy of the approved document in a newspaper. If you choose to publish, the publication must be completed within 60 days after 6/15/2021, which is the date the ACC approved the document for filing, and must be in a newspaper of general circulation in the county of the known place of business in Arizona for three consecutive publications. A list of acceptable newspapers in each county is available on the ACC website at <http://azcc.gov/docs/default-source/corps-files/newspaper-list-for-publishing.pdf>.

The Corporations Division strongly recommends that you periodically monitor your limited liability company's public record, which can be viewed at ecorp.azcc.gov. If you have questions or for further information, contact Customer Service at 602-542-3026, or, within Arizona only, 800-345-5819.

Division Director Tanya Gibson
 1300 W.Washington Street, Phoenix, AZ 85007 | 602-542-3026 | azcc.gov

TRADEMARK
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ARTICLES OF ORGANIZATION

Read the Instructions [LO10i](#)

1. ENTITY TYPE - check only one to indicate the type of entity being formed:

LIMITED LIABILITY COMPANY
(entity name must contain the words "Limited Liability Company", "LLC" or "L.C.")

PROFESSIONAL LIMITED LIABILITY COMPANY
(entity name must contain the words "Professional Limited Liability Company", "PLLC" or "PLC")

2. ENTITY NAME - see Instructions [LO10i](#) for full naming requirements - give the exact name of the LLC:

Electronic Payment Providers, LLC

3. PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES - if and only if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical):

4. STATUTORY AGENT for service of process - see Instructions [LO10i](#)

<p>4.1 REQUIRED - give the name (can be an Arizona resident or an Arizona-registered entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:</p>		<p>4.2 REQUIRED - mailing address in Arizona of Statutory Agent (can be a P.O. Box):</p> <p><input checked="" type="checkbox"/> Check box if same as physical/street address.</p>	
<p>CT Corporation System</p> <p>Statutory Agent Name</p>			
<p>Attention (optional)</p>		<p>Attention (optional)</p>	
<p>Address 1</p> <p>3800 North Central Avenue, Suite 460</p>		<p>Address 1</p>	
<p>Address 2 (optional)</p> <p>City: Phoenix</p>		<p>State: AZ</p>	<p>Zip: 85012</p>
<p>City</p>		<p>State</p>	<p>Zip</p>
<p>4.3 REQUIRED - the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization.</p>			

5. PRINCIPAL ADDRESS:

5.1 Is the Arizona principal address the same as the **street address** of the statutory agent?

- Yes** - go to number 6 and continue
- No** - go to number 5.2 and continue

5.2 If you answered "No" to number 5.1, provide the principal address below:

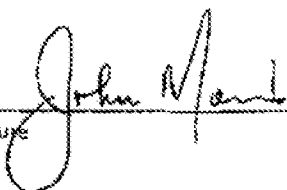
John A. Morris		
Attention (optional) 8800 E Raintree Drive, Suite 210		
Address 1		
Address 2 (optional)		
Scottsdale	AZ	85260
City	State or Province	Zip
Country		

COMPLETE NUMBER 6 OR NUMBER 7 – NOT BOTH.

- 6. **MANAGER-MANAGED LLC** – see Instructions LQ10i – check this box if management of the LLC will be vested in a manager or managers (meaning one or more managers will run the company) and complete and attach **ONLY** the Manager Structure Attachment form LQ4D. (Both members and managers will be listed on the Manager Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*

- 7. **MEMBER-MANAGED LLC** – see Instructions LQ10i – check this box if management of the LLC will be reserved to the members (meaning all members will run the company together if there is no operating agreement stating otherwise), and complete and attach **ONLY** the Member Structure Attachment form LQ4i. (All members will be listed on the Member Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*

The person signing below declares and certifies *under penalty of law* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.


 Signature _____ Date June 15, 2021
 John A. Morris
 Printed Name _____

Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: \$50.00 (regular processing) All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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MANAGER STRUCTURE ATTACHMENT

- ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):
Electronic Payment Providers, LLC
- MANAGERS / MEMBERS** – give the name and address of each and every **manager** and list all **members who own 20% or more** of the profits or capital of the LLC. **Use one block per person.** Check the appropriate box or boxes below each person listed. If more space is needed, use another Manager Structure Attachment form.

1. John A. Morris				2. Shaler V. Alias			
Name 3 West Paces Ferry Road				Name 3 West Paces Ferry Road			
Address 1 Suite 200				Address 1 Suite 200			
Address 2 (optional) Atlanta		Georgia	30305	Address 2 (optional) Atlanta		Georgia	30305
City	UNITED STATES	State or Province	Zip	City	UNITED STATES	State or Province	Zip
Country				Country			
<input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more				<input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more			
3. Timothy Murphy				4. Repay Holdings, LLC			
Name 3 West Paces Ferry Road				Name 3 West Paces Ferry Road			
Address 1 Suite 200				Address 1 Suite 200			
Address 2 (optional) Atlanta		Georgia	30305	Address 2 (optional) Atlanta		Georgia	30305
City	UNITED STATES	State or Province	Zip	City	UNITED STATES	State or Province	Zip
Country				Country			
<input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more				<input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member owning 20% or more			
5.				6.			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
<input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more				<input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more			

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Arizona Corporation Commission - Corporations Division Page 1 of 1

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STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

- 1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Articles of Incorporation):

Electronic Payment Providers, LLC

- 2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

C T Corporation System

3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

Kathryn A. Widdoes
Signature

Kathryn A. Widdoes
Printed Name

06/15/2021
Date

REQUIRED – check only one:

<input type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input checked="" type="checkbox"/> Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.
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Filing Fee: none (regular processing) All fees are nonrefundable – see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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Rev: 5/2020

Arizona Corporation Commission – Corporations Division
Page 1 of 1

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