To renew your license/registration follow the steps below:

- 1. Go to: <u>https://real.flofr.com/datamart/languageChoice.do</u>
- 2. Login to Online Services by entering your User ID and Password:

/elco	me to Online Services
Retur	ning User
"*" de	notes a required field.
*User *Pass	
	: <u>Password?</u> : <u>User ID?</u> Sign In
New	User
•	Click "Create a User Account" to create a new online services user count with the OFR.

3. From the "My Workspace" page, locate the "Additional Activities" section. Go to "Make Payments" and click the "Select" button to the right.

y Workspace				
start, choose an option and you will return to your Work	kspace menu after you have finish	ed.	License Informa	tion Show Details
File a Consumer Complaint, navigate to the Additiona	al Activities section.			Name: ABC COMPANY LLC
			License	e Number: #FT340001141
Manage your Information			Lice	ense Type Money Transmitters Part III
Money Transmitters Part III #FT340001141	Select Action	❤ Se	lect	
Apply for a License/Registration				
nat are you applying for?				
Select Chapter				
Select Action 🗸		Se	lect	
Select Action V Additional Activities		Se	ect	
			lect	
Additional Activities		Se		
Additional Activities File a Consumer Complaint		Se	ect	
Additional Activities File a Consumer Complaint Delegate an Authorized User		Set Set	ect	

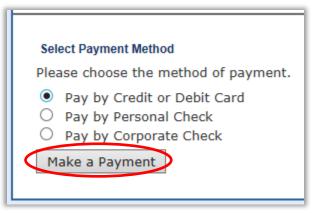
4. On the payment screen, ensure all licenses/registrations you wish to renew are selected and click "Next."

Online Application Downant						
Online Application Payment						
If your company has an ACH block on its account, you will need to provide your financial institution with the OFR's Company ID number prior to submitting your payment. Failure to do so may result in your ACH payment being dishonored and additional fees being assessed.						
The Company ID/Authorizatio please call (850) 410-9895.	n number to be used in connect	tion with a Consumer Financ	e filing is 2728181190. If you have	questions for the Division	of Consumer Finance,	
The Company ID/Authorizatio 410-9500.	n number to be used in connect	tion with a Securities filing is	2728181191. If you have question	s for the Division of Secur	ities, please call (850)	
The Company ID/Authorizatio Institutions, please call (850)		tion with a Financial Institution	ons filing is 2728181101. If you hav	e questions for the Divisio	on of Financial	
The Division of Financial Inst	itutions only accepts ACH paym	ents.				
The OFR does not accept ACH Debit transactions from accounts located outside the United States. Users may choose to make payments via credit card. Please contact the OFR at (850) 487-9687 for further assistance.						
Select the applications and/o	r miscellaneous charges you w	ish to pay for and click "Next"	to continue.			
Click "Cancel" to cancel the payment.						
License Number	License Type	Transaction Type	Address	Fee	<u>Select</u> <u>All/Deselect All</u>	
FT340001141	Money Services Businesses Part III	Renew FT3 License	123 APPLICATION WAY TALLAHASSEE 32301	\$375.00	✓	
Next Cancel						

5. On the "Confirm Payment Details" screen click "Next."

Confirm Payment Details Select payment method and click "Next" to pay for these applications. Click "Cancel" if you do not wish to continue with the payment.					
License Number	License Type	Transaction Type	Address		Fee
FT340001141	Money Services Businesses Part III	Renew FT3 License	123 APPLICATION WAY TALLAHASSEE 32301	I	\$375.00
				Total	\$375.00
Next Cancel					

6. Select the payment method you wish to use and click "Make a Payment."



7. Enter the required information for the selected payment method and click "Continue." (See below for examples of the 3 payment option screens):

Example 1:

Required fields are highlig Payment information:	hted with an asterisk.
Amount:*	\$375.00 🤪
Please enter the followin Cardholder's Name:*	ng information about your payment method:
Cards Accepted:	
Card Number:*	
cura numberi	
Signature Panel Code:*	•
Expiration Date:*	
Dilling information.	
Billing information: Address Line 1:*	
Address Line 2:	
Country:*	United States V
ZIP Code:*	
City:	
State:	Select One V
Receipt information:	
Email Address:	Ø
	rovided checkbox, you are giving Florida Office of Financial o process this payment in the amount displayed above on your
	Continue Change Payment Method

Example 2:

Example 3:

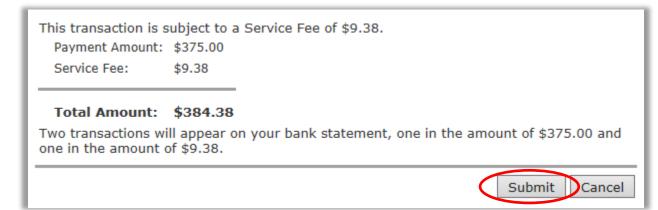
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	C 2337 Check Number Stumber States Check Stumber States Checking Saving Checking Saving Checking Check Chec			0737 Check mation about your Bank account: 0

YOUR BUSINESS NAME HERE	001400100 MILLION 0011000
9 ANY 1014 (ASSA OF	Defor Concerns Dates S .
FNIROM, INSTITUTION YOURCITY, EXIST YOR	
+001001+ +0000678944: 12	34.55.78*
Number Number Nu	count mber
Required fields are highlighted with an Payment information:	n asterisk.
Amount:*	\$ 375.00 🖗
Routing Transit Number:* Account Number:* Confirm Account Number:* Employer Identification Number (EIN) Type of Account:* Address Line 1:* Address Line 2: Country:*	Corporate Checking @ United States ♥ @
ZIP Code:* City:*	
State:*	Select One V
Receipt information: Email Address:	
	ckbox, you are giving Florida Office of Financial his payment in the amount displayed above on your

8. Verify your payment information is correct and click "Confirm."

Please verify the following information:				
Amount:	\$375.00			
Card information:				
Cardholder's Name:	John Doe			
Card Type:	Visa			
Card Number:	************************1111			
Signature Panel Code:	ale ale ale			
Expiration Date:	1/2020			
Billing information:				
Address Line 1:	123 Payment Way			
Country:	United States			
City:	TALLAHASSEE			
State:	Florida			
ZIP Code:	32301			
Email Address:	Licensee@flofr.com			
Is this information corr	ect?			
	Confirm Modify Change Payment Method			

9. On the next screen, you will see the total payment amount. Click "Submit."



10. If payment is successful, you will be directed to a payment confirmation screen. You will have the option of printing an online receipt by clicking "View PDF Summary Report" or continuing by clicking "Next."

Online Application Paymen Click "Next" to return to your Click "View PDF Summary" :		the print function of your browser.	
Amount Paid:	\$375.00		
Transaction Identifier:	2324482		
Trace Number:	22788		
Application Number	Description	Applicant Name	Fee
FT3-50275	Renew FT3 License	ABC COMPANY LLC	\$375.00 ew PDF Summary Report

- 11. Once completed, you will be returned to your "My Workspace" page.
- 12. The renewal is now complete.