

M080000000365



700113329577

01/24/08--01004--001 **145.00

12/26/07--01007--015 **87.50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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DIVISION OF CORPORATIONS
08 JAN 23 AM 8:35

W07-62079
J. BRYAN JAN 27 2007

J. BRYAN

JAN 24 2008

EXAMINER

PayServ

Systems

Joey Bryan
Regulatory Specialist II
Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 3214

1/15/08

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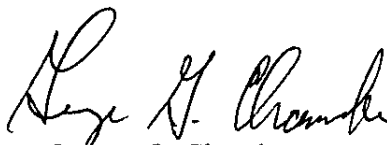
Dear Sir,

I am enclosing your letters of December 27, 2007 regarding our applications for authorization to transact business in Florida for both PayServ L.L.C. and PayServ Benefits, LLC.

We have completed the applications as directed and the certificates of good standing in the State of Indiana are included with these applications.

Our check in the amount of \$145.00 is also included to pay the balances due on these applications.

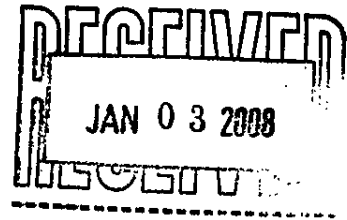
If you have further questions, please contact me at 877- 804-3286. We are looking forward to conducting our business in Florida. Thank you for your assistance.



George G. Chambers
H. R. Manager
PayServ, LLC.



FLORIDA DEPARTMENT OF STATE
Division of Corporations



December 27, 2007

TODD SAYLOR
PAY SERV BENEFITS, LLC
300 N WAYNE ST
ANGOLA, IN 46703

SUBJECT: PAY SERV BENEFITS, LLC
Ref. Number: W07000062079

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We have received your document for PAY SERV BENEFITS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$72.50.

You completed the wrong form,

We are enclosing the proper form(s) with instructions for your convenience.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 907A00071676

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pay Serv Benefits, LLC.
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Todd JAYHOR.
(Name of Person)

Pay Serv Benefits, LLC
(Firm/Company)

300 N. WAYNE ST.
(Address)

ANGOLA, IN. 46703
(City/State and Zip Code)

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For further information concerning this matter, please call:

Nancy Chambers at (260) 624-3200 x 215
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Payserve Benefits, L.L.C.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. INDIANA 3. 20-1083709
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/21/04 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. December 1, 2007
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1620 MAIN ST, Ste 7
SARASOTA, Florida 34236
(Street Address of Principal Office)

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8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:
Todd Saylor
300 N Wayne st
Angola, IN 46703

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Employee
Benefit Programs and Administration.

George B. Chambers
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
George B. Chambers
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

RAY SERV Benefits, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Todd Saylor
(Name)

1620 Main St, Ste 7
Florida Street Address (P.O. Box NOT ACCEPTABLE)

SARASOTA FL
City/State/Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Todd Saylor
(Signature)

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

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DIVISION OF CORPORATIONS
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To Whom These Presents Come, Greeting:

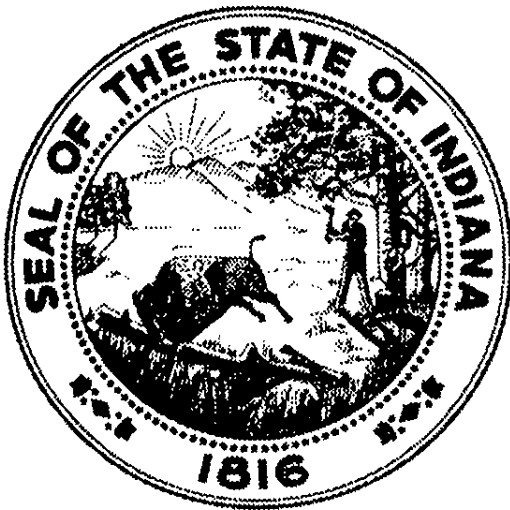
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

PAYSERV BENEFITS, L.L.C.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 11, 2004, and was in existence or authorized to transact business in the State of Indiana on January 08, 2008.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Eighth Day of January, 2008.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State