

P 100001026286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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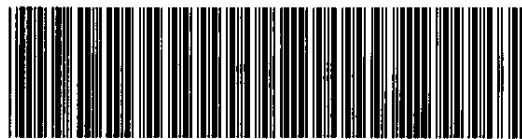
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
2010 DEC 21 PM 2:25

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MBA Payroll Services, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Christopher McDonald

Name (Printed or typed)

9455 Koger Blvd., Suite 200

Address

St. Petersburg, FL 33702

City, State & Zip

(727) 563-1500

Daytime Telephone number

marciar@mbahro.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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DIVISION OF CORPORATIONS

ARTICLE I NAME

MBA Payroll Services, Inc.
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE

Principal street address
204 - 37th Avenue North
Suite 167
St. Petersburg, FL 33703

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Payroll services

ARTICLE IV SHARES

The number of shares of stock is: 50,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Lettelleir, President
Address: 9455 Koger Blvd., Suite 200
St. Petersburg, FL 33702

Name and Title: _____
Address: _____

Name and Title: Jack S. Rice, Jr., Secretary
Address: 9455 Koger Blvd., Suite 200
St. Petersburg, FL 33702

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

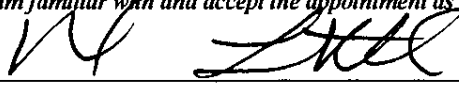
Name: Mark Lettelleir
Address: 9455 Koger Blvd., Suite 200
St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

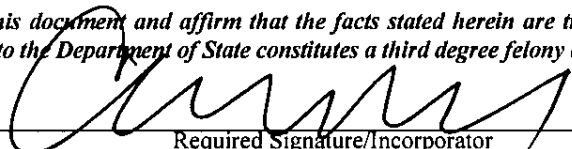
Name: Christopher McDonald
Address: 9455 Koger Blvd., Suite 200
St. Petersburg, FL 33702

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

12/17/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

12/20/10
Date