

F06000001054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

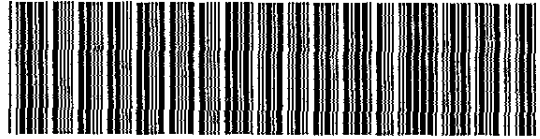
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500066012445

02/16/06--01021--006 **78.75

FILED
06 FEB 16 PM 4:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

VH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Paydayz Payroll + Human Resource Solutions, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kathy Phar
(Name of Person)

Paydayz Payroll + Human Resource Solutions, Inc
(Firm/Company)

601 N Mur Len, Ste 14
(Address)

Olathe, Ks 66062
(City/State and Zip code)

For further information concerning this matter, please call:

MATT PHAR at (913) 780-9901
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Paydaze Payroll + Human Resource Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kansas 3. 20-3906019
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-12-05 5. 01A
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 3-20-06
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 601 N Mar Len Ste 601 Olathe KS 66062
(Principal office address)

Same
(Current mailing address)

8. Employer Leasing / Payroll Service Bureau
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: John Price

Office Address: 13130 56th Ct. Unit 611

Clearwater, Florida 33760
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

x John R. Price
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
06 FEB 16 PM 4:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors:

FILED

06 FEB 16 PM 4:06

A. DIRECTORS

Chairman: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jadranka Kathy Phor

Address: 16205 W 130th Ter

Olathe, KS 66062

Vice President: _____

Address: _____

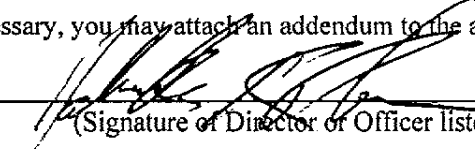
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X 
(Signature of Director or Officer listed in number 12 of the application)

14. _____
(Typed or printed name and capacity of person signing application)

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
RON THORNBURGH**

FILED

06 FEB 16 PM 4:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas,
do hereby certify that, according to the records of this office,
PAYDAYZ PAYROLL & HUMAN RESOURCE SOLUTIONS, INC.
KANSAS FOR PROFIT CORPORATION
Business Entity ID Number: 3872959

was filed in this office on December 16, 2005 and has complied with the
applicable provisions of the laws of the State of Kansas and on this date is in
good standing and authorized to transact business or to conduct its affairs
within this state.

Dated: 02/14/2006

For Validation:

Certificate ID: **42831**

To validate this certificate, visit the following
web site, enter this certificate ID, then follow
the instructions displayed.

<https://www.accesskansas.org/businessentity/validate.html>



Signed:

RON THORNBURGH
SECRETARY OF STATE