

P140000 61674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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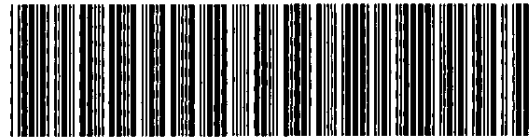
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF REVENUE
JUL 21 2014

B 7/22/14

COVER LETTER

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

SUBJECT: **AJG PAYROLL SOLUTIONS, 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: **JOSE R. FERNANDEZ**

Name (Printed or typed)

17539 DARBY LANE

Address

LUTZ, FLORIDA 33558

City, State & Zip

352-544-5761

Daytime Telephone number

STAFF@AJGPAYROLL.COM

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

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)

ARTICLE I NAME

The name of the corporation shall be: **AJG PAYROLL SOLUTIONS, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17539 DARBY LANE
LUTZ, FLORIDA 33558

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **any activity or business permitted under laws of the United States of America and the State of Florida, and any and all acts or statutes amendatory thereof supplement thereto.**

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Jose R. Fernandez, President**

Name and Title:

Address

19020 Phillips Road
Brooksville, Fl.
34604

Address:

Name and Title: **Estrella M. Fernandez, Vice President**

Name and Title:

Address

19020 Phillips Road
Brooksville, Fl.
34604

Address:

Name and Title:

Name and Title:

Address

Address:

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jose R. Fernandez

Address: 19020 Phillips Road

Brooksville, Florida 34604

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BUREAU OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

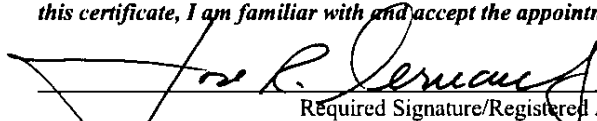
The name and address of the Incorporator is:

Name: Estrella M. Fernandez

Address: 19020 Phillips Road

Brooksville, Florida 34604

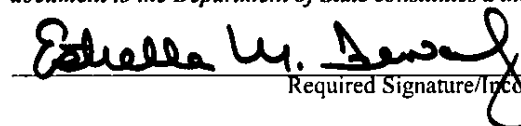
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

07/15/2014

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

07/15/2014

Date