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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

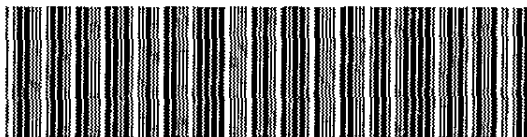
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Certified Copies _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DIVERSIFIED PAYROLL 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:

BRAD CARVER

(Name of Person)

DIVERSIFIED PAYROLL SOLUTIONS INC

(Firm/Company)

296 WYOMING AVENUE

(Address)

WYOMING

PA

18644

(City/State and Zip code)

For further information concerning this matter, please call:

BRAD CARVER

(Name of Person)

at (570) 693-3662

(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. DIVERSIFIED PAYROLL 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. PA

(State or country under the law of which it is incorporated)

3. 20-3176592

(FEI number, if applicable)

4. 7/14/2005

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6.

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

7. 296 WYOMING AVENUE WYOMING PA 18644

(Principal office address)

296 WYOMING AVENUE WYOMING PA 18644

(Current mailing address)

8. PAYROLL PROCESSING

(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:

CHRISTINE BEASLEY

Office Address:

10416 SUMMIT LAKES LANE

CLERMONT

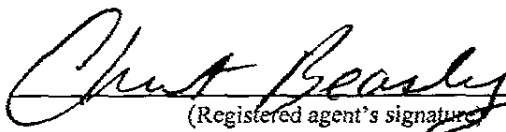
(City)

, Florida **34711**

(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.



(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.

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

A. DIRECTORS

Chairman: BRAD CARVER

Address: 8 N PIONEER AVE
SHAVERTOWN PA 18708

Vice Chairman: CHRIS CARVER

Address: 116 WAKEFIELD ROAD
SHAVERTOWN PA 18708

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: BRAD CARVER

Address: 8 N PIONEER AVE
SHAVERTOWN PA 18708

Vice President: CHRIS CARVER

Address: 116 WAKEFIELD ROAD
SHAVERTOWN PA 18708

Secretary: CHRIS CARVER

Address: 116 WAKEFIELD ROAD SHAVERTOWN PA 18708

Treasurer: BRAD CARVER

Address: 8 N PIONEER AVE SHAVERTOWN PA 18708

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

13. 

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

14. BRAD CARVER

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JULY 20, 2007

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DIVERSIFIED PAYROLL SOLUTIONS INC

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Richard A. Cantor

Secretary of the Commonwealth