

# LD20000010291

From This portion can be removed for Recipient's records.

Date 4-24-02 FedEx Tracking Number 827884052548

Sender's Name Robert E. Furrer Phone 330 494-8824

Company FINANCIAL SECURITY CENTER

Address 4909 SPRUCE HILL DR NW STE 400

400005348454-5

City CANTON

State OH ZIP 44718

04/25/02-01058-002  
\*\*\*\*160.00 \*\*\*\*160.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- |                                   |                                       |  |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in  | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait    | <input type="checkbox"/> Photocopy             |
|                                   |                                       | <input type="checkbox"/> Certificate of Status |

### NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
2002 APR 25 AM 11:37  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CONSULTANT PAYMENT SERVICES LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

13336 North CENTRAL AVE, TAMPA FL 33612

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robert J. Everett

Name

13336 North CENTRAL AVE

Florida street address (P.O. Box **NOT** acceptable)

TAMPA FL 33612

City, State, and 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, F.S.*

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joseph F. DANIELE

Typed or printed name of signee

### Filing Fees:

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