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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856 Fax Number : (800)354-3381 FEB 17 FN 3:2

LIMITED LIABILITY COMPANY

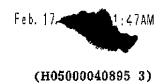
US PAYROLL PARTNERS LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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COMPONENT FILIPO

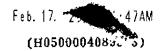
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ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
US PAYROLL PARTNERS LLC	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2100 CORPORATE SQUARE BOULEVARD SUITE 101 JACKSONVILLE, FL 32216	2100 CORPORATE SQUARE BOULEVARD SUITE 101 JACKSONVILLE, FL 32216
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the r	egistered agent are:
DAVID McALLISTER	
Name	
13651 BROMLEY POINT DRIV	/E
Florida street add	ress (P.O. Box NOT acceptable)
JACKSONVILLE, *City, State, a	FL 32225 nd Zip
liability company at the place designated in ti registered agent and agree to act in this capacity statutes relating to the proper and complete pe	socept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S Signature
COMPINI	
(CONTINI	ਹੁਦ ਾ)

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Page 1 of 2



ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	DAVID McALLISTER
	13651 BROMLEY POINT DRIVE JACKSONVILLE, FL 32225
MGRM	ROBERT BASSO
	3 CARLEY AVENUE
	HUNTINGTON, NY 11743
MGRM	MARTY LANZ
	1326 PAINE ROAD
	HEWLETT BAY PARK, NY 11557

(Use attachment if necessary)	st t
NOTE: An additional article must be added if an effective date is requested.	
REQUIRED SIGNATURE:	v 27
Laminu	
seddem z 10 amsunic	or an authorized representative of a member.
(In accordance with sect of this document constituent that the facts stated he	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)
I AMPENCE A MIDO	·cu

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Typed or printed name of signee