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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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## TRANSMITTAL LETTER

TO: Registration Se Division of Cor			
SUBJECT: Pay	roll Capital (Name of Limite	LLC d Liability Company)	<del></del>
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
	Robert Bear	Name of Person)	
<del></del>	(1	Name of Person)	
	Payroll Ce	Firm/Company)	TO FOR THE STATE OF THE STATE O
	ZIII W.	Swenn Ave., (Address)	# 200
	Tampa, (City)	FL 3360 (State and Zip Code)	<u>(</u>
For further information of	concerning this matter, please	call:	
Robert Be	ard	at ( <u>&amp;13</u> ) 3411 - (Area Code & Daytime Te	3650
(Name	of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check fo	r the following amount:		
S125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	FT ADDRESS:	MAILING A	DDRESS: 高麗

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Payroll Capital, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
2111 W. Swann Ave, 4200 Same Tampe: FL 33606 \$
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Robert K. Beard Name
Florida street address (P.O. Box NOT acceptable)
Tampa FL 33606 City, State, and Zip

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

(CONTINUED)

Page 1 of 2

2005 FEB 21 PM I2: 50

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	RKB Invistments, LLC 2301 S. Cerolina Ave. Temps, F2 33625
MGRM	Pelscher, Inc.  238 F. Dovu Blud., #200  Temps, FL 33606
MGRM	Pryroll Managers. Inc. 710 Ockfield Dr., # 102  Brandon, FL 33511
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
	K. Beend, Morager - RED Investments, LLC 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

Robert K. 13 ear A
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)

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