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(Re	questor's Name)	
(Ade	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Name	e)
(Do:	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

W1-1557

COVER LETTER

TO: Registration Sec Division of Cor						
SUBJECT: Easy F	Pay Marketing, LLO	C d Liability Compa	nny)			
	Organization and fee(s) are s					
Please return all correspo	ondence concerning this matte	er to the following	;:			
Lisa Smith	nson					
***************************************	(Name of Person)				
Easy Pay	Marketing, LLC					
		Firm/Company)				
11201 Da	anka Circle N, S	uite 120				
		(Address)				
St. Peters	sburg, FL 3371	6			-: 2	
		/State and Zip Code	e)		部 图	(#
For further information of	concerning this matter, please	call:			SECRETARY OF STATE	
Lisa Smithson		at (727	579-03		Y OF	5 £
(Name	of Person)	(Area Cod	e & Daytime Te	elephone Number)		য় জ
Enclosed is a check fo	r the following amount:				्राम ८	ప
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	✓ \$155.00 F Certified Cop (additional copy	у	\$160.00 F Certificate of Certified Co (additional copy	ру	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exc	ourier Addression Section of Corporation Building ecutive Center See, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Easy Pay Marketing, LLC	
	Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	ress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11201 Danka Circle N, Suite 120	11201 Danka Circle N, Suite 120
St. Petersburg, FL 33716	St. Petersburg, FL 33716
	St. Petersburg, FL 33716 t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or shoffler ation.) dress of the registered agent are:
(The Limited Liability Company cannot serve business entity with an active Florida registra.) The name and the Florida street ad	ation.) Idress of the registered agent are:
(The Limited Liability Company cannot serve business entity with an active Florida registra.) The name and the Florida street ad <u>Lisa Smithso</u>	as its own Registered Agent. You must designate an individual or givetifer ation.) Iddress of the registered agent are: Name
(The Limited Liability Company cannot serve business entity with an active Florida registra. The name and the Florida street ad <u>Lisa Smithso</u> 11201 Dank	ation.) Idress of the registered agent are:
(The Limited Liability Company cannot serve business entity with an active Florida registra. The name and the Florida street ad <u>Lisa Smithso</u> 11201 Dank	as its own Registered Agent. You must designate an individual or giventer ation.) Iddress of the registered agent are: Name A Circle N, Suite 120 Florida street address (P.O. Box NOT acceptable)
The name and the Florida street ad Lisa Smithso 11201 Dank	as its own Registered Agent. You must designate an individual or giventer ation.) Iddress of the registered agent are: Name A Circle N, Suite 120 Florida street address (P.O. Box NOT acceptable)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR MGR	Lisa Smithson ² 11201 Danka Circle N, Suite 120 St. Petersburg, FL 33716	- -
		- - -
	SECREL AH	2001 JAN
(Use attachment if necessary)	SSEE, FLO	2007 JAN 19 PM 12:
ICLE V: Effective date, if other than the a effective date is listed, the date must b 90 days after the date of filing.)	date of filing: (OPTE e specific and cannot be more than five business	
REQUIRED SIGNATURE:		
Signature of a/member	er or an authorized representative of a member.	
(In accordance with se	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	

Lisa Smithson

ped 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)