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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

L. SELLERS

MAR 20 2008

From:  
Account Name : CLARION VENTURES, INC.  
Account Number : I20030000026  
Phone : (801) 745-2785  
Fax Number : (801) 745-2814

EXAMINER

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**CYBERPAY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2008 MAR 19 AM 9:29

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CYBERPAY LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

604 COURTLAND ST SUITE 121

ORLANDO FL, 32804

**Mailing Address:**

604 COURTLAND ST SUITE 121

ORLANDO FL, 32804

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

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

PRASAD VALAY

Name

3824 EMERALD ESTATES CIRCLE

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

APOPKA,

FLORIDA 32703

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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

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**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:**

MGR

PRASAD VALAY

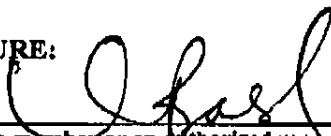
3924 EMERALD ESTATES CIRCLE

APOPKA FL, 32703

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



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.)

PRASAD VALAY

Typed or printed name of signer

**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)