

L 09 000054176

Nancy Fernandez
P.O. Box 565327
Miami FL 33256.

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

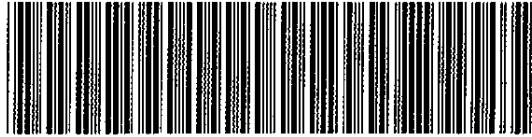
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

PAY MASTERS SERVICES, LLC

The Undersign limited liability company is set up for the purpose of forming a Florida Profit corporation who will be performing duties of Pay Master Services, hereby adopts the following Articles of that of a limited Liability Company:

**ARTICLE I
NAME**

The name of the limited liability company is PAY_MASTERS SERVICES

**ARTICLE II
ADDRESS**

Mailing address of the principal office of the limited liability company is

Principal office
975 Arthur Godfrey #101
Miami Beach, Florida 33140

Mailing Address
P.O. Box 565327
Miami, Florida 3326

**ARTICLE III
REGISTERED AGENT**

Having been named agent and to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I hereby accept appoint 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 obligation of my position as registered agent as provided for in Chapter 608, F.S.

Claudia Castillo
12306 SW 119th Lane.
Miami, Florida 33186


CLAUDIA CASTILLO

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DIVISION OF CORPORATION

**ARTICLE IV
MANAGING MEMBERS**

Manager

NANCY FERNANDEZ
7901 Hispanola Avenue #1002
North Miami, Florida 33141

Managing Member

NANCY FERNANDEZ
7901 Hispanola Avenue #1002
North Miami, Florida 33141

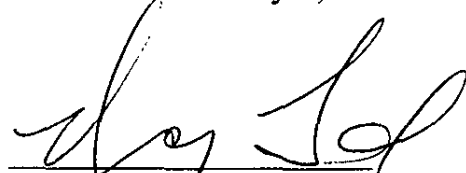
ARTICLE V

As an authorized representative of a member constitutes an affirmation under the penalties of perjury that he facts stated therein are true.



NANCY FERNANDEZ
MGR

Effective date May 1, 2009



NANCY FERNANDEZ
MGRM