

**L10000079177**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**100183423361**

**100183423361**  
07/27/10--01028--003 \*\*125.00

**FILED**  
**2010 JUL 27 PM 1:26**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**C. LEWIS**  
**JUL 28 2010**  
**EXAMINER**



1480 Route 9 North, Suite 203, Woodbridge, NJ 07095 (732) 602-2410 or (877) OKTRITON  
7401 Wiles Road, Suite 220, Coral Springs, FL 33067 (954) 968-0099 or (877) OKTRITON

July 21, 2010

Dear Sirs/Madam:

I want to thank you for processing the enclosed application to register Payroll Ventures of Florida, LLC. If you have any questions regarding the application, please feel free to call me at (908) 461-3053 or email me at: [steve.rosenthal@tritonhr.com](mailto:steve.rosenthal@tritonhr.com) or send to 1480 Route 9 North, Suite 203, Woodbridge, NJ 07095.

Very truly yours,

  
Steve Rosenthal

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Payroll Ventures of Florida, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Rosenthal  
Name of Person

Payroll Ventures of Florida, LLC  
Firm/Company

1480 Route 9 North Suite 203  
Address

Woodbridge, NJ 07095  
City/State and Zip Code

Steve.Rosenthal@tritonhr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Rosenthal at ( 908 ) 461-3053  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Payroll Ventures of Florida, LLC  
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

1480 Route 9 North  
Suite 203  
Woodbridge, NJ 07095

#### Mailing Address:

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Arthur Hoffman  
Name  
7401 Wiles Rd, Suite 220  
Florida street address (P.O. Box **NOT** acceptable)  
Coral Springs FL 33067  
City, State, and Zip

FILED  
2010 JUL 27 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

X [Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

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

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

2010 JUL 27 PM 10 26

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

MGRM

**Name and Address:**

Steve Rosenthal  
1480 R+9 North, Suite 203  
Woodbridge, NJ 07095

Arthur Hoffman  
7401 Wiles Rd, Suite 250  
Coral Springs, FL 33067

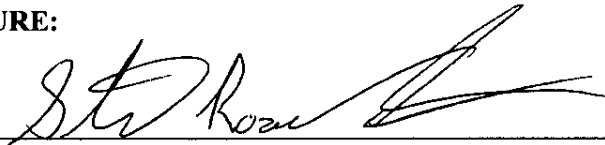
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Steve Rosenthal

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)