

# L11000038265

 Florida Department of  
 Division of Corporations  
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## To:

 Division of Corporations  
 Fax Number : (850) 617-6383

## From:

 Account Name : EMPIRE CORPORATE KIT COMPANY  
 Account Number : 072450003255  
 Phone : (305) 634-3694  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA
**FLORIDA LIMITED LIABILITY CO.  
 ABCI PAYROLL SERVICES, LLC**

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. BRYAN

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ARTICLES OF ORGANIZATION  
OF  
ABCI Payroll Services, LLC

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I

NAME

The name of this limited liability company is:  
ABCI Payroll Services, LLC

ARTICLE II

PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

10235 W Sample Road  
Suite 205  
Coral Springs, FL 33065


ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED  
AGENT'S SIGNATURE

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

Byron Bachelor  
10235 W Sample Road  
Suite 205  
Coral Springs, FL 33065

I 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.

  
Byron Bachelor, Registered Agent

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ARTICLE IV  
MANAGEMENT

The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as Follows:

Byron Bachelor  
10235 W Sample Road  
Suite 205  
Coral Springs, FL 33065

Manager

Andrew Bachelor  
10235 W Sample Road  
Suite 205  
Coral Springs, FL 33065

Member


Christina Bachelor  
10235 W Sample Road  
Suite 205  
Coral Springs, FL 33065

Member

Ingrid Bachelor  
10235 W Sample Road  
Suite 205  
Coral Springs, FL 33065

Member

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TALLAHASSEE, FLORIDA

  
Byron Bachelor  
Authorized Representative of the Member  
(In accordance with Section 608.408(3), Florida Statutes,  
the execution of this document constitutes an affirmation  
under penalties of perjury that the facts stated herein are  
true.)

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