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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	BJECT: GUARDIAN PAYROLL SERVICES LLC  Name of Limited Liability Company	
The en	enclosed Articles of Organization and fee(s) are submitted for filing.	
Please	ise return all correspondence concerning this matter to the following:	
	JENNIFER NORRIS  Name of Person	
	GUARDIAN PAYROLL SERVICES LLC Firm/Company	<del></del>
	2711 BERKFORD CIRCLE Address	·
	LAKELAND, FL 33810 City/State and Zip Code	<del></del>
<del></del>	Frogsmommy@GMAIL.COM E-mail address: (to be used for future annual report notification)	
For fu	further information concerning this matter, please call:	
J	JENNIFER NORRIS     at ( 863 )     934-8162       Name of Person     Area Code     Daytime Telephone Number	
_	losed is a check for the following amount:  5.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	Status &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
GUARDIAN PAYROLL SERVICES LLC (Must end with the words "Limited"	d Linhility	Company 'il	LC 2 or all C2)
	Liability	Company, "L	.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the	e Limited Lia	bility Company is:
Principal Office Address:	Mailin	g Address:	
2711 BERKFORD CIRCLE LAKELAND, FL 33810		BERKFORD LAND, FL 3	
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)  The name and the Florida street address of the registered.	n Registere on.)	d Agent. You	Signature: must designate an individual or
JENNIFER NO			
2711 BERKFORD Florida street address (P.O. Bo	CIRCLE		
LAKELAND	FL	33810	
City		Zip	<del></del>
Having been named as registered agent and to accept so the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	pt the appo of all statu	intment as reg ites relating to if my position	gistered agent and agree to act in this o the proper and complete performance
Registered Agent' Signa	ature (REC	NUN OUIRED)	
(CONTINU	J <b>ED</b> )		\$ 80 T
Page I of	2		

Γitle <u>:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	JENNIFER NORRIS
	2711 BERKFORD CIRCLE
	LAKELAND, FL 33810
	<del></del>
<del></del>	
EV: Effective date, if other than the ctive date is listed, the date must	e date of filing:
EV: Effective date, if other than the ctive date is listed, the date must filling.)	e date of filing:JULY 1, 2014 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 d
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E VI: Other provisions, if any.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section of am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0209 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true: information submitted in a document to the Department of State-telony as provided for in s.817.155, F.S.)  JENNIFER NORRIS Typed or printed name of signee  Filing Fees: of Organization and Designation of Registered Agent