Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000142871 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6391

Expet:

HAILE, SHAW & PFAFFENBERGER, P.A. Account Name

: 076326003550 : (561)627-8100 : (561)622-7603 Phone Fax Number

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleass.**

FLORIDA LIMITED LIABILITY CO. PAYCHECK EXCHANGE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

pis/emicovr.exe

FAN: H160001428713

ARTICLES OF ORGANIZATION OF PAYCHECK EXCHANGE, LLC

The undersigned Authorized Representative of the Members, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE I -- NAME

The name of the limited liability company is PAYCHECK EXCHANGE, LLC (the "Company").

ARTICLE II - ADDRESS

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

8895 N Military Trail 208 D Palm Beach Gardens, FL 33410

ARTICLE III - REGISTERED AGENT

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

Haile, Shaw & Pfaffenberger, P.A. 660 U.S. Highway One - Third Floor North Palm Beach, FL 33408

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 605, F.S.

Haile Shaw & Pfaffenberger, P.A.

y: M. M. M. Con Philip M. DiComo, Esq.

FAN: H160001428713

16 JUN 10 PM
SECRETARY OF
TALLAHASSEE FI

FAN: H16000142871 3

ARTICLE IV - MANAGEMENT

The Company will be manager managed, and the manager may, but does not have to be a member. The name and address of the initial authorized manager of the Company is:

Title Name and Address

Manager Joshua M. Wiggins

8895 N Military Trail, #208 D

Palm Beach Gardens, FL 33410

Dated: June 10, 2016

REQUIRED SIGNATURE

Philip M. DiComo Authorized Representative

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

SECRETARY OF STATE