

3/18/2021

L21000118835

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : WILSON TAX & ACCOUNTING INC.  
Account Number : I20150000107  
Phone : (941)625-1925  
Fax Number : (941)625-1526

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

Email Address: wlbrooks@hotmail.com

FLORIDA LIMITED LIABILITY CO.  
Chek Mate Payroll Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS  
21 MAR 22 AM 11:07

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2021 MAR 22 AM 11:50  
DIVISION OF CORPORATIONS  
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SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHEK MATE PAYROLL SERVICES LLC

(Must contain 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:

Mailing Address:

3030 N. ROCKY POINT DR W

3030 N. ROCKY POINT DR W

STE 150

STE 150

TAMPA, FL 33607

TAMPA, FL 33607

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:

WILLIAM BROOKS

Name

4312 HARBORWATCH LN

Florida street address (P.O. Box NOT acceptable)

LUTZ

FL

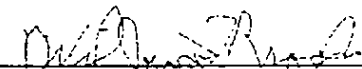
33558

City

State

Zip

*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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

AMBR

William Brooks

ANY AND ALL LAWFUL BUSINESS

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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