	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.
secreterary of STAFE avisaon of corporations 21 mar 22 - An II: 07	Certificate of Status II A II
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Corporate Filing Menu

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

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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 BROOK	S	
	Name	
4312 HARBORWA	TCH LN	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
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. Thereby accept the appointment as registered agent and agree to act in this capacity. T further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

<u>i i</u>to

Registered Agent's Signature (REQUIRED)

(CONTINUED)

21 MAR 22 AM 11: 0

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

(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.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any. ANY AND ALL LAWFUL BUSINESS

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AH II:

MAR 22

REOURED SIGNATURE:

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Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

WILLIAM BROOKS

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 5.00 Certificate of Status (Optional)