

1/13/14

Division of Corporations

M14000000430

**Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CRAIG W. SMALLEY, E.A., P.A.
Account Number : I20130000053
Phone : (407) 488-1818
Fax Number : (407) 730-2310

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

Email Address: _____

**Foreign Limited Liability Company
CWSEAPA Payroll Service LTD, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	004
Estimated Charge	\$125.00

JAN 23 2013

A. LUNT

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TALLAHASSEE, FLORIDA

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January 22, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CRAIG W. SMALLEY, E.A., P.A.

SUBJECT: CWSEAPA PAYROLL SERVICE LTD, LLC
REF: W14000002523

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

As stated in our 3rd reject letter the original name as it appears in the certificate must be listed on line "#1" the ALTERNATE NAME with OUT the LTD in it should be listed on the line below #1.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H14000008851
Letter Number: 514A00001399

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TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:*

1. **CWSEAPA Payroll Service Ltd, LLC**

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLC")

CWSEAPA Payroll Services, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. **Nevada**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **46-4492478**

(FBI number, if applicable)

4. **January 13, 2014**

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. **1489 Warm Springs Road**

Henderson, NV 89014

(Street Address of Principal Office)

6. **37 N. Orange Ave., Suite 500**

Orlando, FL 32801

(Mailing Address)

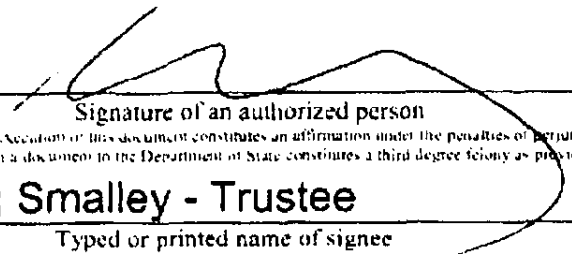
7. The name, title or capacity and address of the person(s) who has have authority to manage is/are:

The Revocable Living Trust of Craig Wayne Smalley

The Revocable Living Trust of Belsis Kirie Smalley

37 N. Orange Ave., Suite 500, Orlando, FL 32801

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

(In accordance with section 605.0203, F.S., 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.)

Craig Smalley - Trustee

Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

CWSEAPA Payroll Service Ltd, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Craig W. Smalley

(Name)

37 N. Orange Ave., Suite 500

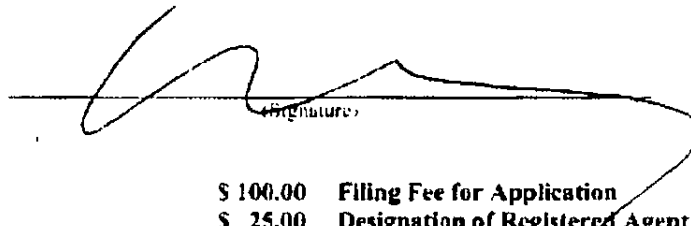
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Orlando

FL 32801

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, Florida Statutes.


(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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2014 JAN 22 PM 5:30

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SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, ROSS MILLER, the Nevada Secretary of State, do hereby certify that **CWSEAPA PAYROLL SERVICE LTD** did on January 11, 2014, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 11, 2014.

A handwritten signature of Ross Miller in black ink.

ROSS MILLER
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20140111-0061
You may verify this certificate
online at <http://www.nvsos.gov/>

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