

M16000004833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

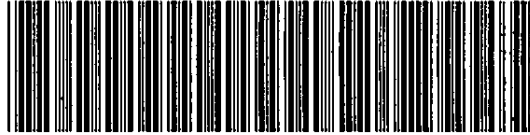
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-35805

647, 608

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05/16/16--01023--028 **125.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 16 PM 5:07

JUN 16 2016
S. YOUNG



JUN 10 PM 12:10

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2016

STEVEN LEMMA
7724 SE ASPEN SUMMIT FRIVE #300
PORTLAND, OR 97266

SUBJECT: PAYFUND, LLC
Ref. Number: W16000035805

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 MAY 16 PM 5:07

We have received your document for PAYFUND, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 816A00010413

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAYFUND, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

STEVEN LEMMA

Name of Person

PAYFUND, LLC

Firm/Company

7724 SE ASPEN SUMMIT FRIVE #300

Address

PORTLAND, OR 97266

City/State and Zip Code

gs@gochyp.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 16 PM 5:07

For further information concerning this matter, please call:

GREG SMITH

503

937-1821

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

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

1. Pay Fund, LLC

(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adapted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. STATE OF OREGON

3. 81-2115948

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

(FEI number, if applicable)

4. MAY 2, 2106

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

5. STEVEN LEMMA

7724 SE ASPEN SUMMIT DRIVE SUITE 300, PORTLAND, OR 97266

(Street Address of Principal Office)

6. STEVEN LEMMA

7724 SE ASPEN SUMMIT DRIVE SUITE 300, PORTLAND, OR 97266

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

John DILL

Office Address:

4050 Westgate Ave #108

West Palm Beach

(City)

Florida 33049
(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.

(Registered agent's signature)

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

STEVEN LEMMA, CEO

GREG SMITH, CFO

9. Attached is a 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. (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

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.

STEVEN LEMMA

Typed or printed name of signer

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 MAY 16 PM 5:07

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 127V238G3

I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

PAYFUND, LLC

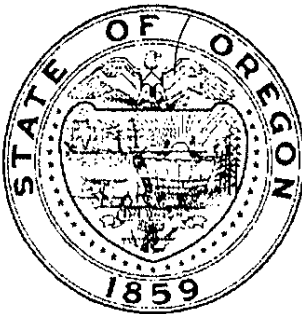
is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.



Jeanne P. Atkins

JEANNE P. ATKINS, SECRETARY OF STATE

5/23/2016

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 MAY 16 PM 5:07

ARTICLES OF ORGANIZATION



Corporation Division
www.filinginoregon.com

E-FILED
Apr 06, 2016
OREGON SECRETARY OF STATE

REGISTRY NUMBER

120491097

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

PAYFUND, LLC

2. MAILING ADDRESS

7724 SE ASPEN SUMMIT DR
PORTLAND OR 97266 USA

3. NAME & ADDRESS OF REGISTERED AGENT

STEVEN LEMMA

7724 SE ASPEN SUMMIT DR
PORTLAND OR 97266 USA

4. ORGANIZERS

STEVEN LEMMA

7724 SE ASPEN SUMMIT DR
PORTLAND OR 97266 USA

5. MEMBERS/MANAGERS

MEMBER

MYCHOL ROARDS

7724 SE ASPEN SUMMIT DR
PORTLAND OR 97266 USA

6. DURATION

PERPETUAL

7. MANAGEMENT

This Limited Liability Company will be member-managed by one or more members

8. OPTIONAL PROVISIONS

Limited Liability Company

The Company elects to indemnify its Members, Managers, Employees and Agents for liability and related expenses under ORS 63.160 to 63.170.

The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160 to 63.170.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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OREGON SECRETARY OF STATE

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

STEVEN LEMMA

TITLE

CEO

DATE SIGNED

04-06-2016

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