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(Re	equestor's Name)	
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		



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SECRETARY OF STATE ALLAHASSEE, FLORID

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Payrolls Done, Incorporated				
(PROPOSED CORPORAT	ΓΕ NAME – <u>MUST INCLU</u>	JDE SUFFIX)		
No. or T. C.				
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	a check for:		
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: John L. Mattia				
Name (Printed or typed)				
14828 Indigo Lakes Circle				
Address Naples, FL 34119				
City, State & Zip				
239-732-1600				
Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Payroils Done, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 14828 Indigo Lakes Circle, Naples, FL 34119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

The aggregate number of shares which the Corporation has authority to issue is 15,000 shares of common stock with no par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

John L. Mattia, 14828 Indigo Lakes Circle, Naples, FL 34119 - President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

The address of the initial registered office of the Corporation is 14828 Indigo Lakes Circle, Naples, Florida 34119, and the name of the Corporation's initial registered agent for service of process at such address is John L. Mattia.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John L. Mattia, 14828 Indigo Lakes Circle, Naples, FL 34119

**********************************	***********
Having been named as registered agent to accept service of process for the abor certificate, I am familiar with and accept the appointment as registered agent and	ve stated corporation at the place designated in this agree to act in this capacity
She L. Matter	6/27/06
Signature/Registered Agent .	Date
bh ! Natha	6/27/06
Signature/Incorporator	Date

FILED

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