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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

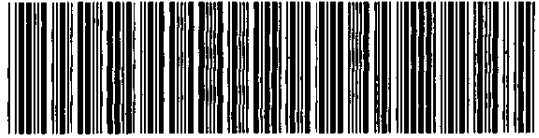
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W10000004184



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01/26/10--01012--018 **128.75

FILED

2010 APR 19 P 3 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dec 4/10

COVER LETTER

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

SUBJECT: Restaurant Payroll inc

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

| | |
|--|----------|
| Certificate of Domestication | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ 78.75 |
| Total to domesticate and file | \$128.75 |

OPTIONAL:

Certificate of Status \$ 8.75

Restaurant Payroll inc
Name (printed or typed)

Po Box 970123
Address

COCONUT CREEK, FL 33097
City, State & Zip

954-295-2711

Daytime Telephone Number

Brett @ professionalpayroll.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 19 P 3:14

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2010

RESTAURANT PAYROLL INC
POST OFFICE BOX 970123
COCONUT CREEK, FL 33097

SUBJECT: MEDICAL PAYROLL INC
Ref. Number: W10000004184

We have received your document for MEDICAL PAYROLL INC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The Foreign corporation has to be active in order to file the Certificate of Domestication.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 410A00002215

April 19, 2010

To Diane,

Thank you for your help. To follow up with our conversation I am sending letters to not reinstate Medical Payroll Inc and Restaurant Payroll Inc. The purpose is to stop being a foreign corporation in 2010 and move it from Nevada to Florida. And Florida will be our home base.

I sent similar correspondence earlier in the year to another state rep and appreciate you taking action.

2008 Nevada Corp

2009 stopped being Florida foreign

2010 Florida Corp

Thanks for your help, I help this clears up and confusion.

Brett Miller

President

954-295-2711 cell

561-892-7990 fax

brett@professionalpayroll.com

Medical Payroll Inc

6353 W Rogers Circle #3
Boca Raton, FL 33487

April 19, 2010

To Whom It May Concern:

I wish to revoke reinstatement of Medical Payroll Inc as a foreign corporation.
FEIN 261834126

Sincerely,

A handwritten signature in black ink, appearing to be 'Brett Miller', with a long horizontal stroke extending to the right.

Brett Miller
President

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: *Medical Payroll Inc*

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:
*4124 NW 59th Street
COCONUT CREEK, FL 33073*

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Markets

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

75,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Brett Miller, President

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

*Brett Miller
4124 NW 59th Street
COCONUT CREEK, FL 33073*

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

*Brett Miller
4124 NW 59th Street
COCONUT CREEK, FL 33073*

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED
2010 APR 19 P 3
SECRETARY OF STATE
TALLAHASSEE, FL