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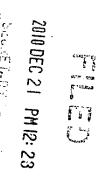
| (Requestor's Name)                      |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
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J. Shivers DEC 2:3 200

## **COVER LETTER**

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

| SUBJECT: Modern Payroll Servic                       | es II, Inc.                |   |             |
|--|----------------------------|---|-------------|
| (PROPOSED CORPORA                                    | ATE NAME – <u>MUST INC</u> | LUDE SUFFIX)                                      |             |
|  |                            |   |             |
| Enclosed are an original and one (1) copy of the art | icles of incorporation an  | d a check for:                                    |             |
| , .,   |                            |   |             |
| <b>7</b> \$70.00 <b>\$78.75</b>                      | \$78.75                    | \$87.50   |             |
| Filing Fee Filing Fee                                | Filing Fee                 | Filing Fee,                                       |             |
| & Certificate of Status                              | & Certified Copy           | Certified Copy                                    |             |
|  |                            | & Certificate of                                  |             |
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|  | ADDITIONAL C               | OPY REQUIRED                                      |             |
|  |                            |   |             |
|  |                            |   |             |
|  |                            |   |             |
| FROM: Christopher McDonald                           |                            |   |             |
| Name   | e (Printed or typed)       | 7   | ~           |
|  |                            |   | 2010 DEC 21 |
| 9455 Koger Blvd., Suite                              | 200                        |   | 8           |
|  | Address                    | n   |             |
| 0.5.   |                            |   | 2 1 200     |
| St. Petersburg, FL 3370                              | )2                         |   | P 👬         |
| City,  | State & Zip                |   | PH 12: 23   |
| (707) 500 4500                                       |                            | Annual P<br>Medical or<br>Milk I in the<br>Partie | Y Table     |
| (727) 563-1500                                       | Telephone number           |   | <u>ಷ</u>    |
| Daytine 1  | ctophone number            |   |             |
| marciar@mbahro.com                                   |                            |   |             |
| E-mail address: (to be use                           | d for future annual report | notification)                                     |             |

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)

|   | in compliance with chapter 607 at                                | id/or Chap   | ter 021, 14.5. (11 | ioni,                                 |                |
|---|--|--------------|--------------------|---------------------------------------|----------------|
| ARTICLE I The name of the co            | Modern Payroll Service   | es II, Inc   | ta                 |                                       |                |
|   | •  |              |                    |                                       |                |
| ARTICLE II                              | PRINCIPAL OFFICE   |              |                    | 11 10 1100                            |                |
| 0                                       | Principal street address   |              | _                  | g address, if different               |                |
|   | 16 - 44th Avenue NE  | -            |                    |                                       |                |
| S                                       | t. Petersburg, FL 33703  | -            |                    |                                       |                |
| -                                       |  | -            | ·                  | <del> </del>                          | <del></del>    |
| ARTICLE III                             | PURPOSE  |              |                    |                                       |                |
|   | hich the corporation is organized is:                            |              |                    |                                       |                |
| Payroll service                         |  |              |                    |                                       |                |
| •                                       |  |              |                    |                                       |                |
|   |  |              |                    |                                       |                |
|   |  |              |                    |                                       |                |
|   |  |              |                    |                                       |                |
| ARTICLE IV                              | SHARES   |              |                    |                                       |                |
|   | res of stock is: 50,000  |              |                    |                                       |                |
|   | ·  |              |                    |                                       |                |
|   | INITIAL OFFICERS AND/OR DIRECTO                                  |              |                    |                                       |                |
|   | tle:Mark Lettelleir, President                                   | Name         | and Title:         |                                       |                |
| Address:                                | 9455 Koger Blvd., Suite 200                                      |              | ss:                | ···                                   |                |
|   | St. Petersburg, FL 33702   |              |                    | · · · · · · · · · · · · · · · · · · · |                |
|   | <del></del>  |              |                    | <del></del>                           |                |
| Name and Ti                             | tle: lack S. Rice .lr. Secretary                                 | Name         | and Title:         |                                       |                |
| Address:                                | tle: Jack S. Rice, Jr., Secretary<br>9455 Koger Blvd., Suite 200 | Addre        | ss:                |                                       |                |
| *************************************** | St. Petersburg, FL 33702   |              |                    |                                       |                |
|   |  | _            |                    |                                       |                |
|   |  |              | L mt. t            |                                       |                |
| Name and 11 Address:                    | tle:   |              |                    |                                       |                |
| Address:                                | <del></del>  | Addre        | ss:                |                                       |                |
|   |  | _            |                    |                                       |                |
|   |  |              |                    | 5.4                                   |                |
|   | REGISTERED AGENT   |              |                    | F                                     | 2010 DEC 21    |
|   | rida street address (P.O. Box NOT acceptable)                    | of the regis | tered agent is:    |                                       | 00             |
| Name:                                   | Mark Lettelleir  |              |                    |                                       |                |
| Address:                                | 9455 Koger Blvd., Suite 200                                      |              |                    | ر برخور<br>در برخور                   | V. acm         |
|   | St. Petersburg, FL 33702   |              |                    | [मिन्                                 | - Printers     |
| ARTICLE VII                             | INCORPORATOR   |              |                    | -                                     | PH (II)        |
|   | lress of the Incorporator is:                                    |              |                    | ;                                     | PM 12:         |
| Name:                                   | Christopher McDonald   |              |                    |                                       | Vi 🗇           |
| Address:                                | 9455 Koger Blvd., Suite 200                                      | _            |                    |                                       | Ņ              |
|   | St. Petersburg, FL 33702   |              |                    |                                       | ಟ              |
|   | •  |              |                    |                                       |                |
|   | ed as registered agent to accept service of proce                |              |                    |                                       |                |
| this certificate, I an                  | n familiar Aith and accept the appointment as s                  | egisyered ag | zent and agree to  | o act in this capacity                | 1              |
|   | 14 July  | _            |                    | 15                                    | ハラニ            |
|   |  |              |                    | <u> </u>                              | 1 ())          |
|   | Required Signature/Registered Agent                              |              |                    | Ľ                                     | ate '          |
| I submit this docu                      | ment and affirm that the facts stated herein a                   | re true. I o | ım aware that tl   | he false information                  | submitted in a |
|   | epartment of State constitutes a third degree felo               |              |                    |                                       |                |
| 7                                       |  |              |                    | $\sim$ $\sim$ $L$                     |                |
| 1                                       | ***************************************                          | /            |                    | 191                                   | 20110          |
| <del></del>                             | Required Signature/Incorporator                                  | 1            | <del></del>        |                                       | Date           |
| _                                       |  |              |                    |                                       |                |