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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
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Certified Copies	_ Certificates	s of Status		
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DIVISION OF CEREBRAINS ON DEC 21 PM 2: 29

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COVER LETTER

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

SUBJECT: MBA Payroll Services I	I, Inc. te name – must include s	HEELV	
(PROPOSED CORPORA	I E NAME – <u>MUST INCLUDE S</u>	<u>UFFIX</u>)	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a che	ck for:	
\$70.00 Filing Fee & Certificate of Status	Filing Fee Fi & Certified Copy Co & St	37.50 ling Fee, ertified Copy Certificate of atus	
	ADDITIONAL COPY R	EQUIRED	
FROM: Christopher McDonald Name	(Printed or typed)		
9455 Koger Blvd., Suite 2	200		
A	Address	2	
St. Petersburg, FL 33702 City, State & Zip			/- - - - - - - - - - - - - - - - - - -
(727) 563-1500	elephone number	2010 DEC 21 PM	TARY OF
marciar@mbahro.com	for future annual report notific	~ ≅	SIAIK

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Date

ARTICLE I NAME MBA Payroll Services	II Inc	อเขารู้ได้ห้าดีคืด เ	DIVISION OF CERPORATIO	
The name of the corporation shall be:	n, mo.	2010 DEC 21	PH 2: 2	
ARTICLE II PRINCIPAL OFFICE			111 4 2	
Principal <u>street</u> address 204 <u>- 37th Avenue North</u>	Mailing addi	ress, if different is:		
Suite 167				
St. Petersburg, FL 33703			_	
ARTICLE III PURPOSE				
The purpose for which the corporation is organized is:				
Payroll services				
ARTICLE IV SHARES				
The number of shares of stock is: 50,000				
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO	RS			
Name and Title: Mark Lettelleir, President	Name and Title:			
Address: 9455 Koger Blvd., Suite 200 St. Petersburg, FL 33702	Address:			
				
Name and Title: Jack S. Rice. Jr., Secretary	Name and Title:			
Name and Title: Jack S. Rice, Jr., Secretary Address: 9455 Koger Blvd., Suite 200	Address:			
St. Petersburg, FL 33702				
Name and Title:	Name and Title:			
Address:	Address:			
ARTICLE VI REGISTERED AGENT				
The name and Florida street address (P.O. Box NOT acceptable)	of the registered agent is:			
Name: Mark Lettelleir Address: 9455 Koger Blvd, Suite 200	_			
St. Petersburg, FL 33702				
ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is:				
Name: Christopher McDonald Address: 9455 Koger Blvd, Suite 200				
Address: 9455 Koger Blvd., Suite 200 St. Petersburg, FL 33702				
Having been named as registered agent to accept service of proce			d in	
this certificate, I am familiar with and accept the appointment as re	egistered agent and agree to act	•	1	
VY ZHI	_	12/17	110	
Required Signature/Registered Agent		Date		
I submit this document and affirm that the facts stated herein a	e true. I am aware that the fai	lse information submitted	in a	
document to the Department of State constitutes a third degree felo				
1/1/101	1	F.S. 12/20	110	