

P10000102690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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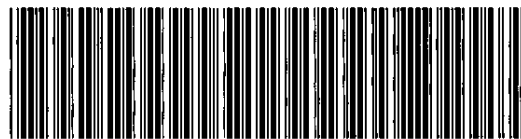
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 DEC 21 PM 2:32

12/22/10

**COVER LETTER**

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

**SUBJECT: MBA Payroll Services III, Inc.**

**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

**FROM: Christopher McDonald**

Name (Printed or typed)

**9455 Koger Blvd., Suite 200**

Address

**St. Petersburg, FL 33702**

City, State & Zip

**(727) 563-1500**

Daytime Telephone number

**marciar@mbahro.com**

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

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

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**ARTICLES OF INCORPORATION**

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

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DIVISION OF CORPORATIONS

**ARTICLE I NAME** MBA Payroll Services III, Inc.  
The name of the corporation shall be:

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
204 - 37th Avenue North  
Suite 167  
St. Petersburg, FL 33703

Mailing address, if different is:

**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 DIRECTORS**

Name and Title:	Mark Lettelier, President	Name and Title:	
Address:	9455 Koger Blvd., Suite 200	Address:	
	St. Petersburg, FL 33702		

Name and Title:	Jack S. Rice, Jr., Secretary	Name and Title:	
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:

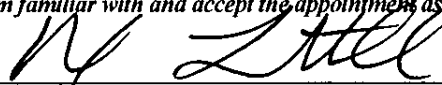
Name: Mark Lettelier  
Address: 9455 Koger Blvd., Suite 200  
St. Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Christopher McDonald  
Address: 9455 Koger Blvd., Suite 200  
St. Petersburg, FL 33702

Having been named as registered agent 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

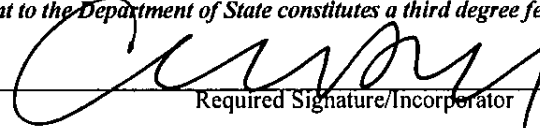


Required Signature/Registered Agent

12/17/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

12/20/10

Date