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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

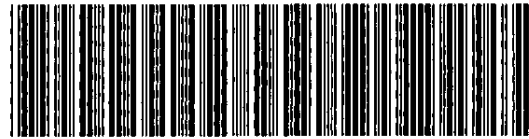
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STATE OF TEXAS  
COMPTROLLER OF PUBLIC ACCOUNTS  
DIVISION OF REVENUE

**COVER LETTER**

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

**SUBJECT: AJG PAYROLL SOLUTIONS, 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: JOSE R. FERNANDEZ**

Name (Printed or typed)

**17539 DARBY LANE**

Address

**LUTZ, FLORIDA 33558**

City, State & Zip

**352-544-5761**

Daytime Telephone number

**STAFF@AJGPAYROLL.COM**

E-mail address: (to be used 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)

**ARTICLE I NAME** AJG PAYROLL SOLUTIONS, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
17539 DARBY LANE \_\_\_\_\_  
LUTZ, FLORIDA 33558 \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: any activity or business permitted  
under laws of the United States of America and the State of  
Florida, and any and all acts or statutes amendatory thereof  
supplement thereto.

**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jose R. Fernandez, President Name and Title: \_\_\_\_\_  
Address 19020 Phillips Road Address: \_\_\_\_\_  
Brooksville, Fl. \_\_\_\_\_  
34604 \_\_\_\_\_

Name and Title: Estrella M. Fernandez, Vice President Name and Title: \_\_\_\_\_  
Address 19020 Phillips Road Address: \_\_\_\_\_  
Brooksville, Fl. \_\_\_\_\_  
34604 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DIVISION OF CORPORATE & FINANCIAL SERVICES  
JUL 21 PM 4:39

(conti.)

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: Jose R. Fernandez  
 Address: 19020 Phillips Road  
Brooksville, Florida 34604


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 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Estrella M. Fernandez  
 Address: 19020 Phillips Road  
Brooksville, Florida 34604

*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

07/15/2014  
 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

07/15/2014  
 Date