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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION PAYROLL TIME USA INC.

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D. O'KEEFE

OCT 25 2022

No. 4903 P. 2

ARTICLES OF INCORPORATION

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

| TICLE II PRI | NCIPAL OFFICE Principal <u>street</u> address | Mailing addr | ess, if different is: |
|---|---|--|------------------------------|
| 19707 TURNBERRY WAY, 12E AVENTURA, FL 33180 | | 19707 TURNBERRY WAY, 12E AVENTURA, FL 33180 | |
| | | | |
| | | | |
| | | | 2022 OCT |
| ARTICLE IV SHARES The number of shares of stock is: 200 | | | 24 X.E. X. SSFI |
| | TAL OFFICERS AND/OR DIRECTORS | Name and Title: | PM 12: 50 |
| Address | 65A CUTTERMILL ROAD | | |
| | GREAT NECK, NY 11021 | | |
| Name and Ti | ile: | Name and Title: | |
| Address | | Address: | |
| | | | |
| Name and Title: | | Name and Title: | |
| Name and Ti | | | |

Oct.-24, 2022 1:56PM

(GEALD WEINBERG 3 63 887 3) No. 4903 P. 3

| Name and Title: | | Name and Title: | | |
|---------------------------------|---|---|--|--|
| Address | | Address: | | |
| | | · | | |
| | | | | |
| | | | | |
| | REGISTERED AGENT | | | |
| | orida street address (P.O. Box NOT acceptable) of | the registered agent is: | | |
| Name: | PETER STELLATOS | | | |
| Address: | 19707 TURNBERRY WAY, 12E | - | | |
| | AVENTURA, FL 33180 | - | | |
| ADTIOLE LOY | V)/CORROR (TOR | | | |
| ARTICLE VII | INCORPORATOR | 17 2 | | |
| The <u>name and ad</u> | dress of the Incorporator is: | 022 11.1 | | |
| Name: | LAWRENCE A. KIRSCH | 2022 OCT 24 STUTTLE ATTENTED | | |
| Address: | 41 STATE STREET, SUITE 700 | ALLAHASSEEJFLOPIN | | |
| | ALBANY, NEW YORK 12207 | P# 12: | | |
| | | | | |
| ARTICLE VIII | EFFECTIVE DATE: | | | |
| Effective date, if | other than the date of filing: | (OPTIONAL) | | |
| (If an effective di filing.) | ate is listed, the date must be specific and canno | t be more than five days prior or 90 days after the | | |
| Note: If the date | inserted in this block does not meet the applicable | statutory filing requirements, this date will not be listed as | | |
| | fective date on the Department of State's records. | | | |
| Having been nom | ed as registered agent to accept service of process fo | or the above stated corporation at the place designated in this | | |
| certificate, I am fo | imiliar with and accept the appointment as register | ed agent and agree to act in this capacity | | |
| 1s/Pete | r Stellatos | 10/24/2022 | | |
| , | Required Signature/Registered Agent | Date | | |
| I submit this doct | ument and affirm that the facts stated herein are Apartment of State constitutes a third degree felony | true. I am awars that the false information submitted in a | | |
| accument to the L | | y the province for the tenth (1225) a ten | | |
| | awene a prisch | 10/24/2022 | | |
| Required Signatur | re/Incorporator | Date | | |