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

SUBJECT: PAY	ROLL DATA CORPORATI	ON	<u> </u>	
	(Proposed co	orporate name - must includ	000024147 -01/28/3801	7598 075-001 *****78.75
Enclosed is an original a	and one(1) copy of the article	es of incorporation and a	check for:	
S70.00 Filling Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	JAMES A. SEGAL			<u></u>
	Name (Pri	nted or typed)	,	
	- 5355 FEARNLEY RD			-
_	Address LAKE WORTH, FL 33467		98 JAI SECRET, ALLAHA	
_	City, State & Zip			
	(561)965-7800 Daytime Te	ephone number	Hi 3	
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NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

PAYROLL DATA CORPORATION

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5355 FEARNLEY RD LAKE WORTH, FL 33467

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JAMES A. SEGAL 5355 FEARNLEY RD LAKE WORTH. FL 33467

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JAMES A. SEGAL 5355 FEARNLEY RD LAKE WORTH, FL 33467

Signature/Incorporator

JAMES A. SEGAL

Date

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(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date

JAMES A. SEGAL