Transfac Capital, LLC

Factored Invoice Transmittal

5/15/2017

Client	A2Z Employment Services, LLC
Address_	168 NE 96 Street, Miami, FI 33138

Invoice Number	Invoice Date	Debtor Name	Debtor Number	Terms	P.O. Number	Gross Amount	Approval Number
455	5/15/2017	Housing Authority of Mia Bch		45 Days		\$ 1,512.00	
456		Housing Authority of Mia Bch		45 Days		\$ 4,488.98	
457		Housing Authority of Mia Bch		45 Days		\$ 3,399.08	
458	5/15/2017	Housing Authority of Mia Bch		45 Days		\$ 1,500.00	
459	5/15/2017	Housing Authority of Mia Bch		45 Days		\$ 1,500.00	
				Control Sched	dule Amount	\$ 12,400.06	

THIS IS TO CERTIFY THAT THE ABOVE LISTED COMPANIES HAVE BEEN OR WILL BE NOTIFIED THAT THEIR ACCOUNT IS BEING FACTORED BY TRANSFAC CAPITAL LLC. THE UNDERSIGNED ACKNOWLEDGES THAT THIS TRANSACTION DOES GRANT, BARGAIN, AND SELL, ASSIGN, AND TRANSFER OVER TO TRANSFAC CAPITAL LLC, THEIR SUCCESSORS AND ASSIGNS, ALL MY/OUR RIGHTS, TITLE, AND INTEREST IN THE ACCOUNTS AND/OR BILLS, RECEIVABLES AND/OR TRADE ACCEPTANCES AND/OR CHOSES IN ACTION SCHEDULED AND DESCRIBED ABOVE.

Ву	Anita Lawson	
Dated	<u>15-May-17</u>	



Date 5/15/2017

Invoice #

168 Northeast 96 Street Miami Shores, Florida 33138

Phone: 786-615-3239 Fax: 786-615-3247

Bill To	
Housing Authority of the CMB 200 Alton Road Miami Beach, FL 33139	

Job Site Location
Housing Authority of the CMB 200 Alton Road Miami Beach, Florida 33139

P.O. No.	Terms
	Net 30

Serviced	Employee Name	Description	Rate	Hours	Amount
5/7/2017	Agreda, Edda	Administrative Assistant	21.00	40	840.00
5/14/2017	Agreda, Edda	greda, Edda Administrative Assistant		32	672.00
					927

Assigned and Payable To: Transfac,LLC P.O. Box 3238 Salt Lake City, UT 84110

Total

\$1,512.00



Ph# 788-615-3239 Anita@A2ZEmployment.com

NEW CUST	GUSTNUMBER	SOCI	AL SECURITY NUMBER	ER		EMPLOYER LAST NAME EMPLOYER ADDRESS (STREET OR P.Q.) EMPLOYER ADDRESS (STREET OR P.Q.)
WEEK 1	DATE -	TIME	TIME FINISHED	UESS UNCH	HOURS WORKED	595500 375 MO 778 COOR 321/6/
Monday	5/1	8-20	7.00	0-30		COMMENT DIA FARAGORIE FOR
Tuesday	3/2	8.30	4.00	030		
Wednesday	3/3	8.30	2:00	0.30		
Thursday	514	8.30	200	0.30		
Friday	515	8.30	7-20	0.50	Commission of the Laboratory and subsequently and company	
Saturday.	1. 7					W-104-2050
Sunday			TIME	LESS	HOURS	mae trance company during this week (Monday-Sunday)
WEEK 2	CATE	STARTED	FINISHED	MUNCH	WORKED	Employee Working at Secretary 40 except with Permission may not have hours
Monday	10	AR	360	T		Are you returning? worked the hours lated on this time are stand
Tuesday	12/9	8.29	5.11	0.30		I control that I have work related in united the work of the local in united the work of the local in united the work of the local in united the l
Wednesday	Hin	8.38	50/8	0.30		Employee Sonature
Thursday	1	0.30	5.00	230	-	
Friday	+4110	R.30	1-00	. 0.30	1	INTERNET STEELEN STEELEN DE STEELEN ST
Saturday	12/10	1			-	CI STOMER NAME
Sunday						THE HOUSING AUTOMING
	for Week To Nean	est Quarter Hou				BILLINGATIVE THE CITY OF MIAMI BEACL
-	at Clark a	comved Indicate	s acceptance of the	terms and condit	ions on the	EILING ADDRESS 200 ALTON ROAD
reversa sio	e. Do link sides in the	at on an array				CITY MIAMI BEACH, FEORIDAPS 9999
I CERTIFY	THAT THE ABOV	HOURS ARE	ORRECT.	00	TITLE	POHOEINEONEX PULL PAY
	R SIGNATURE	Salan	Alin.	Doct	12112	TOTALHOURS PAY MATE 0.T. HOURS
		GOXWIC	attle	ele		
EMPLOYE	E SIGNATURE		71.	-		



Date 5/15/2017

Invoice #

168 Northeast 96 Street Miami Shores, Florida 33138

Phone: 786-615-3239 Fax: 786-615-3247

Bill To	
Housing Authority of the CMB	
200 Alton Road	
Miami Beach, FL 33139	

Job Site Location

Housing Authority of the CMB 200 Alton Road Miami Beach, Florida 33139

P.O. No.	Terms
	Net 30

Serviced	Employee Name	Description	Rate	Hours	Amount
5/7/2017	Massana, Jose L.	Housing Specialist 1	28.10	23	646.30
5/14/2017	Massana, Jose L.	Housing Specialist 1	28.10	40	1,124.00
5/14/2017	Massana, Jose L.	Housing Specialist 1	42.15	15	632.25
5/7/2017	Rodero, Jonathan E.	Housing Specialist 1	28.10	37.5	1,053.75
5/14/2017	Bush, Alden A	Housing Specialist 1	28.10	36.75	1,032.68

Assigned and Payable To: Transfac,LLC P.O. Box 3238 Salt Lake City, UT 84110

Total

\$4,488.98



NEW CUST	GUST NUMBER	soc	IAL SECURITY NUM	IBER		EMPLOYEE JAST NAME FIRST JOSE EMPLOYEE ADDRESS/STREET OR P.O.Y.
WEEK 1	DATE	TIME STARTED	TIME FINISHED	LESS	HOURS WORKED	19435 Fontainebleau DIVU, 1197 C
Monday						COMMENT STATE FOR STATE
Tuesday						CONTRACT
Wednesday			12		17.150	
Thursday	5/4/17	8:30	8:30	,5	11:30	
Friday	15/5/17	8.30	8:30	·S	11:30	
Saturday	-					
Sonday	-					more than one company during this week (Monday Sunday)
WEEK 2	DATE	TIME STARTED	TIME FINISHED	LESS	HOURS WORKED	Employee working at leaseding 40 except with Permission may not have hours
Monday	5/2/17	8:30	9	.5	12	Are you returning? worked the hours letted on this time sheet and
Tuesday	5/9/19	8:30	9	.5	12	I certify that I have work related injuries this week.
Wednesday	5/10/17	8:30	9	,S	1/4	i DID NOT have any A Frontoyee Signature
Thursday	5/11/19	8:00	6	S	9:30	
Friday	5/17/19	8:00	6	.2	9:30	MUST BE SIGNED BY CUSTOMER
Saturday	1					OUSTOMER NAME
Sunday						COSTONEX TOTAL
Total Hours f	or Week To Neare	st Quarter Hour				BILLING ATTN TO THE PROSSESSE ASSTROPTIVE
Customer Ad	reement: Client ap	proved indicates	acceptance of the	terms and cond	tions on the	BILING ADDRESS THE CITY OF MAIN MEACH
reverse side.	Do not sign if hou	rs are not totalet	2-			CITY STATE ZIPCOCE
I CERTIFY T	HAT THE ABOVE	HOURS ARE C	ORRECT.			200 Manage A 60100
CUSTOMER	SIGNATURE	111	10	1	III	TOTAL PARENT AMPAREACH, ST. HORSTO AND
EMPLOYEE	SIGNATURE	/	1	770		
	/		/	All		
			1	/ (



PO Box 381366 Miami Shores, Florida 33138

NEW CUST	GUST NUMBER	soc	TAL SECURITY NU	IMBER		EMPLOYEE LAST NAME FIRST MIDDLE ROCKED DOWN HAM E
WEEK 1	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	HOURS WORKED	9674 NW 10FL AVE LOT F642
Monday	05/01/2017	830	17:00	thou	7.5	COMMENT STATE FC ZIPCODE 3315
Tuesday	05/02/2017	230	17:00	(how	7.5	COMMENT
Wednesday	05/03/2007	8:30	17:00	Ihow	7.5	
Thursday	55/V/17	8:30	5:00	-	3.5	18/6
Friday	05/05/17	- 8:36	5'.00	1	7.51	11
Saturday	1 1					
Sunday					-	more than one company during this week (Monday-Sunday)
WEEK 2	DATE	TIME	TIME FINISHED	LESS	HOURS WORKED	Employee working at lexaseding 40 except with Permission may not have hours
Monday						Are you returning? worked the hours listed on this time sheet and
Tuesday .					-	I certify that I have work related injuries this week.
Wednesday						Employee Sgrature X . Kockus
Thursday					-	
Friday						Most by Clab Local Color Local Color
Saturday						CUSTOMER NAME
Sunday					in the land of	COSTONIATION
Total Hours f	or Week To Neares	t Quarter Hour				BILLING ATTN TO:
Customer An	reement: Client app	proved indicates	acceptance of the	terms and condit	tions on the	BILLING ADDRESS
reverse side.	Do not sign if hour	s are not totale	0.			CITY STATE ZIP CODE
I CERTIFY T	HAT THE ABOVE	HOURS ARE C	ORRECT.			
CUSTOMER	SIGNATURE 2	Richi	1	MA	TITLE	TOTAL HOURS PAY RATE 0.T. HOURS FULL PAY
EMPLOYEE	SIGNATURE:		11	THE	>	



NEW CUST	GUST NUMBER	500	TAL SECURITY NUM	BER		EMPLOYER LAST NAME BUSH AUEN A
WEEK 1	DATE	TIME STARTED	TIME FINISHED	LESS	HOURS WORKED	EMPLOYER DORESS (STREET OR P.O.) APT USUB 1460 JW. 8542 APT USUB CITY A 1 CLUB 3 STATE FL ZIP CODE 33 18
Honday	05/08/17	OS: 3060	05 00 fm	THE	7.5	COMMENT
uesday	05/09/17	08:39 GA	05 00 PM	1 HE	7h 21m	
Vednesday	ostlutt	08:30	B5:00pm	THE	7.5	
hursday	25/11/17	08:30	05:000m	141	7.5	
inday	95/12/17	19:00	05 UD PM	ITIP	7.0	
Saturday	1.1.					
Sunday					HOURS	mare than are company during this week (MandaywSunday)
WEEK 2	DATE	TIME STARTED	TIME FINISHED	LESS	WORKED	may not have hours
Monday	(*	. ~		Are you returning? worked the hours letted on this time sheet and
Tuesday	1					I certify that I have work related injuries this week.
Wednesday					-	Erropoyee Signature
Thursday						THIS I IS SESTITIVE CUSTOMER
Friday			-		-	BESTER FOR YOU TO BE IND
Saturday					-	OUSTOMER NAME
Sunday						BILLING ATTN TOWN DE REAL RESIDENCE ARREST AND RESIDENCE
Total Hours f	for Week To Neare	st Quarter Hour				BILING ADDRESS
reverse side.	Do not sign if hou	rs are not totale		erms and condit	ions on the	CITY STATE ZIPCOCE
I CERTIFY T	THAT THE ABOVE	HOURS ARE C	ORRECT.			CHURCH AND REACH SLOGID PROPRIS
CUSTOMER	SIGNATURE	1	7		TITLE	TOTAL HOURS PAY RATE
EMPLOYEE	SIGNATURE:	16	25			



Date 5/15/2017

Invoice #

168 Northeast 96 Street Miami Shores, Florida 33138

Phone: 786-615-3239 Fax: 786-615-3247

-	٠		-	
к	1		п	n
v				v

Housing Authority of the CMB 200 Alton Road Miami Beach, FL 33139 Job Site Location

Housing Authority of the CMB 200 Alton Road Miami Beach, Florida 33139

Terms	
Net 30	

990.0		Rate	Description	Employee Name	Serviced
	40	24.75	Maintenance Mechanic	Rivero, Juan	5/7/2017
990.0	40	24.75	Maintenance Mechanic	Rivero, Juan	5/14/2017
18.5	0.5	37.13	Maintenance Mechanic	Rivero, Juan	/14/2017
678.0	40	16.95	Laborer	St Phard, Rony	5/7/2017
6.3	0.25	25.43	Laborer	St Phard, Rony	5/7/2017
678.0	40	16.95	Laborer	St Phard, Rony	/14/2017
38.1	1.5	25.43	Laborer	St Phard, Rony	5/14/2017

Assigned and Payable To: Transfac,LLC P.O. Box 3238 Salt Lake City, UT 84110

Total

\$3,399.08



7100 Biscayne Boulevard, Ste 307 Miami, Florida 33137

NEW CUST	GUST NUMBER	SOC	IAL SECURITY NU	MBER		Prveso		FIRST	MIDDLE
WEEK 1	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	HOURS WORKED	EMPLOYEE ADDRESS	(STREET OR P.O.)		
Monday	5-1-17	8:24	5:03	-30	8.00	ary		STATE Z	IP CODE
Tuesday	5-2-17	8;28	5:07	-30	8.00	COMMENT			
Wednesday	5-3-17	8:32	5:01	-30	8.00				
Thursday	5-4-17	8:27	5:02	-30	8.00				
Friday	5-5-17	8:26	5:00	-30	8.00				
Saturday	5-6-17								
Sunday	5-7-17								
WEEK 2	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	HOURS WORKED	Employee working at may not have hours	more than one compar exceeding 40 except wit	ny during this week (N h Permission	
Monday	5-8-17	8:27	5:05	-30	8-00	Are you returning?			
Tuesday	5-9-17	8:25	5:00	-30	8.00		worked the hours listed work related injuries t	on this time sheet an	nd
Wednesday	5-10-17	8:28	5:02	-30	8.00	I DID NOT have any	x PS	JIS WEEK.	
Thursday	5-11-17	8:32	5:00		8.50	Employee Signature	- pritis		
Friday	5-12-14	8128	5:01	-30	8,00	. 1	MUST RES	IGNED BY CUS	TOMER
Saturday	5-13-14						IN ORDER FOR Y		
Sunday	5-14-17					CUSTOMER NAME			and the same of
Total Hours fo	r Week To Nearest	Quarter Hour	80.00 0	eg ors	50 O.T.	BILLING ATTN TO:	H. A. C.	M. B.	
	eement: Client appr Do not sign if hours		acceptance of the t	eros and conditio	ons on the	BILLING ADDRESS	200 ALT	ON RO	DAD
I CERTIFY TH	HAT THE ABOVE H	OURS ARE CO	RRECT.				BEACH	STATE ZI	PCODE 33/3
CUSTOMER S	IGNATURE	1	1	П	TLE	OFFICEUSEONLY" TOTAL HOURS	PAY RATE	0.T. HOURS	FULL PAY

Week-1 40.00 Reg. Hrs.

Week-2 40.00 Reg. Hrs. 0.50 O.T. Hrs.

Total 80.00 Reg. Hrs. 0.50 O.T. Hrs.



7100 Biscayne Boulevard, Ste 307 Miami, Florida 33137

NEW CUST	GUST NUMBER	SOC	JAL SECURITY NU	MBER	and the second	S TPI	Y ARD	RON	٤	MIDDLE
WEEK 1	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	HOURS WORKED	EMPLOYEE ADDRESS	(STREET OR P.O.			
Monday	5-1-17	8:27	5:03	-30	8.00	ary		STATE	ZIP CODE	
Tuesday	5-2-17	8:28	5:12	-30	8.25	COMMENT				
Wednesday	5-3-17	8:27	5:01	-,60	7.50					
Thursday	5-4-17	8:26	5:02	- 45	7.75					
Friday	5-5-17	8:26	5:39	-30	8.75					
Saturday	5-6-17							Harles Lauren		
Sunday	5-7-17							Title of the second		
WEEK 2	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	HOURS WORKED	Employee working at may not have hours	more than one come exceeding 40 except	pany during this we t with Permis	ek (Monday•Si. ssion	nday)
Monday	5-8-17	7:54	5:00	-45	8.25	Are you returning?			7	
Tuesday	5-9-17	8:26	5:00	-30	8,00	I certify that I have	worked the hours list	ted on this time she	etand	
Wednesday	5-10-17	8:29	5:04	-30	8.00	I DID NOT have any		es ensweek		
Thursday	5-11-17	7:29	4:03	-30	8.00	Employee Signature	18	1		
Friday	5-12-17	7:31	4:00	-30	8.00	1	MUST	CICNED DV		
Saturday	5-13-17						IN ORDER FOR	E SIGNED BY (
Sunday	5-14-17	8:49	9:56	_	1.25	CUSTOMER NAME				
Total Hours fo	r Week To Nearest	Quarter Hour	80.00 R	eo 1.75	5 O-T	BILLING ATTN TO:	4.1.1	: M. /	3.	
	eement: Client appr o not sign if hours	roved indicates a				BILLING ADDRESS	200 AC	TON 1	2000	
I CERTIFY TH	AT THE ABOVE H	OURS ARE CO	RRECT.			CRYMIAN	11 BEA	CHSTATE	ZIP CODE	139
CUSTOMER SI	IGNATURE		09-	TI	TLE	OFFICEUSEONLY' TOTAL HOURS	PAY RATE	0.T. HOU		JLL PAY

Week-1 40.00 peg. Hrs. 1.50 0.7. Hrs.

Week-2 40.00 peg. Hrs. 1.50 0.7. Hrs.

Total 80.00 peg. Hrs. 1.75 0.7. Hrs.



Date 5/15/2017

Invoice #
458

168 Northeast 96 Street Miami Shores, Florida 33138

Phone: 786-615-3239 Fax: 786-615-3247

W . A d . Cd CMD	
Housing Authority of the CMB	
200 Alton Road Miami Beach, FL 33139	

). No.	Terms
	Net 30

Serviced	Employee Name	Description	Rate	Hours	Amount
5/7/2017	Morales, Nancy C.	Account Clerk	18.75	40	750.00
5/14/2017	Morales, Nancy C.	Account Clerk	18.75	40	750.00

Assigned and Payable To: Transfac,LLC P.O. Box 3238 Salt Lake City, UT 84110

Total

\$1,500.00



NEW CUST	GUST NUMBER		AL SECURITY NUM	150		EMPLOYEE LAST NAME MOY CI 2 DONCY EMPLOYEE ADDRESS (STREET OR P.O.)
WEEK 1	DATE	TIME STARTED	TIME FINISHED	LESS	HOURS WORKED	8022 W 18 LA
Monday	5-1-17	8:36	5:00	30 min	8	air Haloah
Tuesday	5.2-17	4:30	5:00	30:min	8	COMMENT
Wednesday	5-3-17	8:30	5:00	30mg	4	
Thursday	5-4-17	5:30	5:00	30 min	8	
Friday	5-5-17	8:50	5.00	30 min	8	
Saturday	_		_	-		
Sunday	-	-				more than are company during this week (Monday-Sunday)
WEEK 2	DATE	TIME	TIME FINISHED	LESS LUNCH	HOURS WORKED	Employee working at lexicaeding 40 except with Permission may not have hours
Monday	5-8-17	8:30	5:00	30 min	8	Are you returning? worked the hours lated on this time sheet and
Tuesday	5-9-17	8:36	5:00	30 min	8	I certify that I have work related injunes that years.
Wednesday	5-10-17	8:30	5:00	30 min	8	Broployee Signature
Thursday	5-11-17	8:30	5:00	30 min	8	
Friday	5-12-17	6:30	5.00	30 min	8	MUST BE STORED BY CUSTOMER OF CALER FOR YOU TO SELPAID
Saturday		-	-			CUSTOMER NAME
Sunday	1	-	-			
Total Hours fo	or Week To Neares	t Quarter Hour			the	BILLING ADDRESS TO STATE AUTHORITY
Customer Agr neverse side.	reement: Client app Do not sign if hour	proved indicates is are not totaled	acceptance of the i.	terms and condition	ns on the	CITY STATE ZIPCOCE
I CERTIFY TO	HAT THE ABOVE	HOURS ARE CO	ORRECT.			ATTENDED TO SECURE
CUSTOMER S	SIGNATURE			1	TLE	TOTAL HOUSE AM PAY RATE CH, ST. HOUSE DATE BY 3
					1	
EMPLOYEE	SIGNATURE:			DE	K	



Date 5/15/2017

Invoice #	
459	

168 Northeast 96 Street Miami Shores, Florida 33138

Phone: 786-615-3239 Fax: 786-615-3247

Bill To	
Housing Authority of the CMB 200 Alton Road Miami Beach, FL 33139	
Miami Beach, FL 33139	

Job Site Location	
Housing Authority of the CMB	
200 Alton Road	
Miami Beach, Florida 33139	

P.O. No.	Terms
	Net 30

Employee Name	Description	Rate	Hours	Amount
Ludwig, Mara K.	Clerical	18.75	40	750.00
Ludwig, Mara K.	Clerical	18.75	40	750.00
	Ludwig, Mara K.	Ludwig, Mara K. Clerical	Ludwig, Mara K. Clerical 18.75	Ludwig, Mara K. Clerical 18.75 40

Assigned and Payable To: Transfac,LLC P.O. Box 3238 Salt Lake City, UT 84110

Total

\$1,500.00



Anita@A2ZEmployment.com

NEW CUST	GUST NUMBER	500	IAL SECURITY NUM	BER		LARA NAME SISTER
III. Car						The OVER ADDRESS (STREET OR P.O.)
WEEK 1	DATE	TIME STARTED	TIME FINISHED	LESS	HOURS WORKED	MIAMI FLO. 33192
Monday	5/1/2017	8:30	5:00	30 Kin	8	COMMENT STATE ZFOOL
Tuesday	5 /2/2017	8:30	5:00	30 Hins	8	CONTENT
Wednesday	5/3/2017	8:30	5:00	30Hin	8	
Thursday	51412017	8:30	5:00	30 Min	8	
Friday	515/2017	8:30	5:00	30 Mg	w 8	
Saturday						
Sunday						moretranore company during this week (Montaly-Suntaly)
WEEK 2	DATE	TIME STARTED	FINISHED	LESS	HOURS WORKED	Employee working at leaseding 40 except with Permission may not have hours
Monday	5/8/2017	8:30	5'.00	30 King	8	Are you returning? worked the hours lated anothis time sheet and
Tuesday	5 191 2017	8:30	5:00	30 His	8	I certify that I have work related injuries this week.
Wednesday	5/10/2017	8:30	5:00	30 Min	- 8	6 TODO NOT have any x
Thursday	5/1/201	8:30	5:00	30 Hins	8	
Friday	5/12/2017	8:30	5:00	30 Mins		DOSTER SIGNED BY CHSTODEK
Saturday					11.8	CUSTOMER NAME
Sunday					40	
Total Hours f	or Week To Neare:	st Quarter Hour		BILLING ATTN TO PRESE GRAND BEEN AND HER COURS W		
Customer Ag reverse side.	reement: Client ap Do not sign if hour	proved indicates are not totaled	acceptance of the t	CITY 200 ALVON FOAD		
I CERTIFY T	HAT THE ABOVE	HOURS ARE CO	ORRECT.			SHORD BATTOCKER BENTANDE
CUSTOMER SIGNATURE TITLE						TOTAL HOUSE AMPRAY EXTENDED AND AND AND AND AND AND AND AND AND AN
CUSTOMER SIGNATURE						TOTAL HOUSE BANK PAY RATE TO SEE TO OUT HOURS