Division of Corporations

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FOREIGN PROFIT/NONPROFIT CORPORATION

Arbor PEO, Inc.

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4/15/2008

April 17, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ARBOR PEO, INC.

REF: W08000019551

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SECRETARY OF STATE APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO HAS SECRETARY OF STATE BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. ISO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	or PEO, Inc.		
(Enter name of corp. "Inc," "Co ," "Corp.	oration; must include "INCOF " "Inc," "Co," or "Corp ")	LPORATED," "	COMPANY," "CORPORATION,"
		•	
		poreto name ado	pted for the purpose of transacting business in Plorida)
Del	aware	3	(FBI number, if applicable)
(State or country und	ter the law of which it is incor	porated)	(FEI number, if applicable)
4-11	1-08	. 5.	Perpetual outsion: Year corp will cease to exist or "perpetual")
(Date of	incorporation)	(I	ouration: Year corp will cease to exist or "perpotual")
			orida, if prior to registration) F.S., to determine penalty liability)
990	2 Linn Station Road		* * * * -*
770		pul office address	
000	l Linn Station Road		
		t mailing address	
			•
	n employee lessing		<u> </u>
(Purpose(a) u	f corporation authorized in bo	me state or count	ry to be carried out in state of Florida)
Name and street a	ddress of Florida registered	l agent: (P.O. E	ok NOI acceptable)
Name:	C I Corporation	System	·
ffice Address:	1200 South Pine Isl	and Road	_
	Plantation		, Florida 33324 (Zíp code)
	(City)		(2'in ands)
-	(City)		(with cone)
. Vincelistavasi vince	• • • • • • • • • • • • • • • • • • • •		(zap oode)
aving heen named esignated in this ap orther agree to con	ut's acceptance; las registered agent and to oplication, I hereby accept uply with the provisions of	accept service the appointme all statutes rela	of process for the above stated corporation at the pl of as registered agent and agree to act in this capaci tive to the proper and complete performance of my
aving heen named esignated in this ap orther agree to con	at's acceptance; las registered agent and to oplication, I hereby accept uply with the provisions of ith and accept the obligati	accept service the appointme all statutes rela	of process for the above stated corporation at the pl of as registered agent and agree to act in this capaci tive to the proper and complete performance of my
esignated in this ap orther agree to con	at's acceptance; I as registered agent and to oplication, I hereby accept uply with the provisions of ith and accept the obligati C I Corporation System One of Tree	accept service the appointme all statutes rela ons of my posti	of pracess for the above stated corporation at the pl st as registered agent and agree to act in this capaci tive to the proper and complete performance of my ion as registered agent

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors;

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

A, DIRECTO	R8	MALLAHASSEE, FLORIC
Chafrman:	Ralph G. Gronafeld, Jr.	,
Address:	9901 Linn Station Road, Louisville, KY 40223	
Vice Chairman:	Vincent F. Doran	
Address:	9901 Linn Station Road, Louisville, KY 40223	
Director:	Paul G. Dung	
Address:	•	
Director:		
Address:		
B. OFFICERS	š	
President:	Ralph G. Gronefeld, Jr.	
Address:	9901 Linn Station Road, Louisville, KY 40223	
Vice President:	Paul G. Dunn	
Address:	·	
Secretary:	David S. Waskey	
Address:	9901 Linn Station Road, Louisville, KY 40223	
l ressurer:	David W. Milas	
Address:	9901 Linn Station Road, Louisville, KY 40223	
	essary, you must attach an addaylium to the application listing additional c	officers and/or directors.
13.	(Signature of Director or Officer listed in number 12 of the applic	etion)
14.	David S. Waskey - Secretary	
	(Typed or printed name and capacity of person signing applicati	(ar)

Delaware

PAGE

The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARBOR PEO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF APRIL, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4532701 8300

080420307
You may verify this certificate only at odgs, delaway gov/author, about

Darriet Smile Handson

AUTEENTICATION: 6518669

DATE: 04-11-08