

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

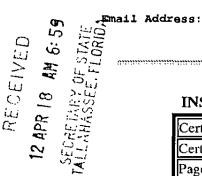
Account Number: 120000000195
Phone: (850)521-082

Fax Number

: (850)521-0821 : (850)558-1515

ed for future

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



## FLORIDA/FOREIGN LP/LLLP INSPERITY BUSINESS SERVICES, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

D. BRUCE

APR 19 2012

**EXAMINER** 

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Corporate Filing Menu

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Fax Server

4/17/2012 5:06:48 PM PAGE 1/006 Fax Server

Becky Peirce Customer Service Specialist Corporation Service Company 1-800-927-9801 Ext. 2919 www.cscglobal.com

CSC recently launched the new CSCDashboard and CSCNavigator, the unified legal a

TILE ID

#### COVER LETTER

Division of Corp							
SUBJECT: Insperity	Business Services,	L.P.					
	e of Foreign Limited Partr	ership or Limited I	iability	Limited Partnership	-		
partnership to transact bu			register	a foreign limited partnership	p or limited	liabilit	y limiti
Shannon Linn							
	Contact Person		-				
Insperity							
	Firm/Company		-				
19001 Crescent Sp	orings Drive						
	Address		-		The state of the s	ह्य	
Kingwood, TX 773	39				120	) <u>)</u>	
	ty, State and Zip Code	· · · · · · · · · · · · · · · · · · ·	_		Agran, page	<b>×</b>	-
shannon.linn@insp	•		_	•	82.5	တ	1
E-mail address: (to be u	sed for future annual repor	t notification)				70	1
	oncerning this matter, pleas	se call:				<u>40</u>	
Shannon Linn		_ <sub>at (</sub> 281	348-	-2862	. 别	22	
Name of Contac	et Person	Area Code ar	id Dayt	ime Telephone Number	- Seri	2	
Enclosed is a check for th	e following amount:						
X\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	□ \$1,008.75 Filing Fees and Certificate of Status	:   \$1,052.50 Filin and Certified Cop		© \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status			
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle :	MAILING ADD Registration Section of Corpo P. O. Box 6327 Tallahassee, FL 3	ion prations				

#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. Insperity Bus	iness Services, L.P.				
Acceptable Limited	Partnership suffixes: Limited Partnership	ty Limited Partnership, which must include suffix) p. Limited, L.P., LP, or Ltd. imited Liability Limited Partnership, L.L,L.P. or LLLP.	-		
Insperity Busin	less Services, L.P.	•			
If name unavailable		hip or limited liability limited partnership proposes to re must contain acceptable suffix.	- egister t	o transact	
2. Delaware 3. 12/16/2005					
4	tate or Country of Formation	Date of Formation	•		
	er Identification Number: 30-034562	88			
5. Name of Registe	red Agent for Service of Process and Flo	orida Street Address:			
Corporation Se	ervice Company				
1201 Hays Str	eet				
Tallahassee, F	L 32301				
of all statutes rel	ative to the proper and complete performe gistered agent. Corporation Service By: Bixing Fix	Victory American Victory			
	Signature	of Registered Agent			
7. Principal Office: 8. Ma		8. Mailing Address:			
19001 Crescer	nt Springs Drive	19001 Crescent Springs Drive			
		Kingwood, TX 77339			
Tangwood, 1X		Migwood, 177 17005			
9. If limited partne	ership is a limited liability limited partn	nership, check box			
10. Name, principal	al office uddress, and mailing address of al Partner: Insperity Holdings, Inc.	F 980000 6037 Name of General Partner:	12,		
Street Address:	19001 Crescent Springs Drive	Street Address: Street	78	C) DEMAND	
	Kingwood, TX 77339	로 (S)	<b>Q</b>	(1-m) (4-1-1-4	
	19001 Crescent Springs Drive	Mailing Address:	菜	1.17	
	Kingwood, TX 77339		(%)		
Name of Genera	l Partner:	Name of General Partner:	~		
Street Address:		Street Address:	· · · · · · · · · · · · · · · · · · ·		
Mailing Address	32	Mailing Address:			

Name of General		1 of 2 Name of General Partner:
Street Address:		Street Address:
Mailing Address:		Mailing 'Address:
ii. Effective date, if Effective date cannot	other than the date of filing: he prior to nor more than 90 days after the dat	e this document is filed by the Florida Department of State.)
	State, by the Secretary of State or other official	than 90 days prior to the delivery of this application to the laving custody of the entity's records in the jurisdiction under
Signed this	10th day of April	20 <u>{                                   </u>
	Signature of a	Beneral partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Filing Fees: Certified Copy (optional): Certificate of Status (optional):

\$52,50 \$8.75

Page 2 of 2

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INSPERITY BUSINESS SERVICES, L.P."

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INSPERITY BUSINESS SERVICES, L.P." WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4078826 8300

120438993

AUTHENTICATION: 9508639

DATE: 04-17-12

You may verify this certificate online at corp.delaware.gov/authver.shtml