

# F00000005213

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

100003396021--1  
-09/18/00--01078--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

### CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ADP Totalsource MI xxx, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time 9/18     Certified Copy
- Mail out     Will wait     Photocopy *Stamped*     Certificate of Status

FILED  
00 SEP 18 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BK 9/18*

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DIVISION OF CORPORATION

00 SEP 18 AM 11:02

RECEIVED

Examiner's Initials

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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TALLAHASSEE

- 1. ADP TOTALSOURCE MI XXX, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
- 2. Michigan 3. 38-3326137  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. 1/3/97 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
- 6. UPON QUALIFICATION  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
- 7. 10200 Sunset Drive, Miami, FL 33173  
(Current mailing address)

8. PEO/worksite employees  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)  
Name: National Registered Agents, Inc.  
Office Address: 526 East Park Ave  
Tallahassee, Florida, 32301  
(Zip code)

10. **Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Geraldine J. ...*  
(Registered agent's signature)

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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: See Attached Listing

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: See Attached Listing

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert J. Singer

(Typed or printed name and capacity of person signing application)

## Directors, Officers Report

ADP TotalSource MI XXX, Inc.

Monday, September 11, 2000

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TALLAHASSEE, FLORIDA

### DIRECTORS

**Robert Singer** Director  
Primary Address: None given  
Primary Phone: None given  
Home Address: None given

### OFFICERS

**Carlos Saladrigas** Chief Executive Officer  
Primary Address: 10200 Sunset Drive  
Miami, FL 33173  
Primary Phone: None given  
Home Address: None given

**Robert J. Singer** Vice President and Secretary  
Primary Address: One ADP Boulevard  
Roseland, New Jersey 07068  
Primary Phone: (201) 994-5000  
Home Address: 5 Tanger Drive  
Livingston, New Jersey 07039

**Gregory Busko** Assistant Secretary  
Primary Address: 5800 Windward Parkway  
Alpharetta, GA 30005  
Primary Phone: None given  
Home Address: None given

**William Cueto** Assistant Secretary  
Primary Address: 10200 Sunset Drive  
Miami, FL 33173  
Primary Phone: None given  
Home Address: None given

**Carlos Rodriguez** President and CCO  
Primary Address: 10200 Sunset Drive  
Miami, FL 33173  
Primary Phone: None given  
Home Address: None given

**Sergio Fernandez** Treasurer and Chief Financial Officer  
Primary Address: 10200 Sunset Drive  
Miami, FL 33173  
Primary Phone: None given  
Home Address: None given