Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

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

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FOREIGN PROFIT/NONPROFIT CORPORATION TriNet HR II, Inc.

Certificate of Status	Û
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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TO. Nove Either	Pastian	•	MASSEE, E, STATE
TO: New Filing Division of	Section Corporations		LORIDA
SUBJECT: TriNo			
	(Name or corp	oration - must include suffi	ix)
Dear Sir or Madam:			
			sact Business in Florida," renced foreign corporation to
Picase return all corre	espondence concerning this r	natter to the following:	
Ann Francis	•	·	
	(Na	me of Person)	
TriNet HR Corporation	•	•	
	(Fir	m/Company)	
9000 Town Center Par	kway,	•	
		(Address)	
Bradenton, FL 34202		,	
	(City/S	state and Zip code)	
For further information	on concerning this matter, ple	ease call: an	n.francis@trinet.com
Ann Francis	at (941	741-4629	
(Name of Pe		Area Code & Daytime Telep	phone Number)
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New Filing S	OURIER ADDRESS:	MAHING New Filing	ADDRESS: Section
Division of C			Corporations
Clifton Build		P.O. Box 63	
2661 Executi Tallahassee, I	ve Center Circle FL 32301	Toliahassec,	FL 32314
Enclosed is a check for	or the following amount:		
\$70.00 Filing Fœ	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

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.

(If name unavailab	e in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)
DE		3. 65-0516080
State or country un	der the law of which it is incorporated)	(PEI number, if applicable)
12-18-09		5. perpetual
(Date of	incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
	formerly Gevily HR 11,	, LP
		ess in Florida, if prior to registration) 07.1502, P.S., to determine penalty Hebility)
100 San Leandro E	ilvd., San Leandro, CA 94577	
	(Principal office	address)
9000 Town Center	Parkway, Bradenton, FL 34202	
• - •		
(Purpose(s) o	f corporation authorized in home state of	or country to be carried out in state of Florida) (P.O. Box NOT acceptable)
(Purpose(s) o	-	(P.O. Box NOT acceptable)
(Purpose(a) o Name and <u>street a</u> Name;	ddress of Florida registered agent: ((P.O. Box NOT acceptable)
(Purpose(s) o Name and <u>street a</u> Name;	ddress of Florida registered agent: (C T Corporation System	(P.O. Box NOT acceptable)
(Purpose(a) o Name and <u>street a</u> Name;	ddress of Florida registered agent: (CT Corporation System 1200 South Pine Island Road	(P.O. Box NOT acceptable)
(Purpose(a) o Name and street a Name; fice Address; Registered agen ving been named ignated in this ap ther agree to com	ddress of Florida registered agent: (CT Corporation System 1200 South Pine Island Road Plantation (City) t's acceptance: as registered agent and to accept so plication, I hereby accept the appol ply with the provisions of all statute	(P.O. Box NOT soceptable) ARE TARY OF SHARRY OF STATE Florida 33324 (Zip cods) Crvice of process for the above stated corporation at the intiment as registered agent and agree to act in this capalics relative to the proper and complete performance of m
Name and street a Name: fice Address: Registered agent wing been named dignated in this ap	ddress of Florida registered agent: (C T Corporation System 1200 South Pine Island Road Plantation (City) t's acceptance: as registered agent and to accept so	(P.O. Box NOT acceptable) SECRETARY OF SHARE A SEE, FLORIDA (Zip code) Convice of process for the above stated corporation at the intiment as registered agent and agree to act in this capation relative to the proper and complete performance of my position 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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	ECTOR\$	AHJAR D	
Chairman	Douglas P. Devlin	35 p. Op. 1.50	
\ddress:	1100 San Leandro Blvd., Stc. 300		
	San Leandro, CA 94577	TALECRE TO SO ISS	
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ddress:			
lizector:	Gregory L. Hammond		
ddress:	1100 San Leandro Blvd., Suits 300		
	San Leandro, CA 94577		
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. OFFI resident: ddress:	Douglas P. Devlin 1100 San Leandro Blvd., San Leandro, CA 94577		
ice Presi	dent:		
ddress:			
cretary:	Gregory L. Hammond		
ddress:	1100 San Leandro Blvd., Suite 300, San Leandro, CA 9457	7	
telsurer:			
ddross: ,			<u></u>
ote:	If necessary, you may attach an addendum to the applic	pation listing additional officers and/or director) 75 .
3	(Signature of Director or Officer listed in	number 12 of the application)	
_ Doug	glas P. Davlin President	minima is at mir abbitotimi)	•
<u> </u>	(Typed or printed name and capacity of	nerson signing application)	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRINET HR II, 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 TWENTY-TRIND DAY OF FEBRUARY, A.D. 2010.

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

2416373 8300

jeffrey W. Bullock, Secretary (ATION: 7828510

DATE: 02-23-10