

Division of Corporations
F10000004886
Florida Department of State
Division of Corporations
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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
Account Number : FCA000000739
Phone : (850) 212-6169
Fax Number : (850) 878-5368

***RE-SUBMIT:**

Please retain original filing
date of submission 11/2

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

Email Address: KCOONS@paychex.com

FOREIGN PROFIT/NONPROFIT CORPORATION**Paycheck Benefit Technologies Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	045
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV -8 PM 4:30

RECEIVED



November 3, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: PAYCHECK BENEFIT TECHNOLOGIES INC.
REF: W10000051410

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Justin M Shivers
Regulatory Specialist II
New Filing Section

FAX Aud. #: H10000238796
Letter Number: 010A00025858

**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.*

1. Psychex Benefit Technologies Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Int.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware **3. 26-0532371**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 13, 2007 **5. perpetual**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 911 Panorama Trail South, Rochester, NY 14625
(Principal office address)

911 Panorama Trail South, Rochester, NY 14625
(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized under Florida law.
(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 NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road


Plantation, Florida 33324
(City) (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.

C T Corporation System

JAMES M. NEWSOME
Special Assistant Secretary

By 
(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV -2 PM 1:23

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

A. DIRECTORS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Chairman: John Morphy

Address: 911 Panorama Trail South, Rochester, NY 14625

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kevin Hill

Address: 911 Panorama Trail South, Rochester, NY 14625

Vice President: Martin Muoci

Address: 911 Panorama Trail South, Rochester, NY 14625

Secretary: John Morphy

Address: 911 Panorama Trail South, Rochester, NY 14625

Treasurer: John Morphy

Address: 911 Panorama Trail South, Rochester, NY 14625

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

14. John Morphy, Secretary/Treasurer

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

Delaware

The First State

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AND
FILED

10 NOV -2 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PAYCHEX BENEFIT TECHNOLOGIES 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 FIRST DAY OF
NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE
BEEN FILED TO DATE.

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

4388474 8300

101047169

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



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8323782

DATE: 11-01-10