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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

ADP, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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JUL 20 2020

11:11 AM

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.

ADP, Inc.

1.

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

A D Processing, Inc.

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

2.

DE

3.

13-3036745

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4.

08/13/1970

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

6.

Upon filing

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

One ADP Boulevard, Roseland, NJ 07068

7.

(Principal office address)

(Current mailing address, if different)

8. 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

(City)

, Florida

33324

(Zip code)

9. 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.

Michele Holden

By:

/s/ Michele Holden, Asst Sect

(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Michael A. Bonarti

Address: One ADP Boulevard

Roseland, NJ 07068

Director: Kathleen A. Winters

Address: One ADP Boulevard

Roseland, NJ 07068

B. OFFICERS SEE ATTACHED

President: Michael A. Bonarti

Address: One ADP Boulevard

Roseland, NJ 07068

Vice President: Michael C. Eberhard

Address: One ADP Boulevard

Roseland, NJ 07068

Secretary: Michael A. Bonarti

Address: One ADP Boulevard, Roseland, NJ 07068

Treasurer: Michael C. Eberhard

Address: One ADP Boulevard, Roseland, NJ 07068

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Dorothy Wisniowski, Assistant Secretary

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

ADP, Inc. Attachment for Florida

Address for all:

One ADP Boulevard
Roseland, NJ 07068

Officers:

Kathleen A. Winters
Vice President and Controller

Don McGuire
Vice President

Tanya Guazzo
Assistant Secretary

Brian Gallagher
Assistant Secretary

Dorothy Wisniowski
Assistant Secretary

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADP, 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 TENTH DAY OF JULY, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADP, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF AUGUST, A.D. 1970.

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



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SR# 20206167799

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203261918

Date: 07-10-20