

L14000132645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

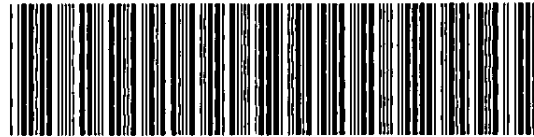
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300262571933

08/25/14--01001--006 \*\*150.00

FILED

2014 AUG 22 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

14 AUG 22 PM 1:51

DIVISION OF CORPORATIONS

EFFECTIVE DATE

08/31/14

AUG 25 2014  
D. BRUCE

**CT Corporation System**

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

**PAYCHEX PEO IV, INC. P12000052647**


☐ Nonprofit☐ Domestic Corporation☐ Limited Partnership☐ LLC☐ Certified Copy☒ Walk In☐ Mail Out

Name

Availability \_\_\_\_\_

Document

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

☐ Amendment☐ Dissolution/Withdrawal☐ Reinstatement☐ Annual Report☐ Name Registration☐ Fictitious Name☐ Photocopies☐ Will Wait☐ Merger☐ Mark☒ Other  
Conversion☐ UCC☐ CUS☐ After 4:30☒ Pick Up

Order#:

**9251163**

Ref#:

Amount: \$

**FILED**  
2014 AUG 22 PM 12:20  
TALLAHASSEE, FLORIDA  
CLERK OF COURT

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
PAYCHEX PEO IV, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION P12000052647  
(Enter entity type. Example: corporation, limited partnership,  
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of FLORIDA  
on JUNE 8, 2012 (Enter state, or if a non-U.S. entity, the name of the country)  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  
PAYCHEX PEO IV, LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: August 31, 2014  
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

2014 AUG 22 PM 12:20  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 08/31/14

Signed this 21<sup>st</sup> day of August 2014.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Efrain Rivera  
Printed Name: Efrain Rivera Title: Manager, Sole Director

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]**

Signature: Efrain Rivera  
Printed Name: Efrain Rivera Title: Sole Director

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

2014 AUG 22 PM 12:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PAYCHEX PEO IV, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

970 Lake Carillon Drive, Suite 400

St. Petersburg, FL 33716

### Mailing Address:

970 Lake Carillon Drive, Suite 400

St. Petersburg, FL 33716

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL

33324

City

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

C T Corporation System

By: Margaret E. Routzahn

Registered Agent's Signature (REQUIRED)

(CONTINUED) **MARGARET E. ROUTZAHN**  
Special Assistant Secretary

Page 1 of 2

FILED  
2014 AUG 22 PM 12:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR, Sole Director

**Name and Address:**

Efrain Rivera

911 Panorama Trail S.

Rochester, NY 14625

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: August 31, 2014 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Efrain Rivera

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

Page 2 of 2

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2014 AUG 22 PM 12:20

FILED