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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
PAYCHEX PEO I, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

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DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: PAYCHEX PEO I, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
911 Panorama Trail South
Rochester NY 14625

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which a corporation may be organized under the laws of the state of Florida

ARTICLE IV SHARES
The number of shares of stock is: 200 shares common stock, no par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig Hill, President
Address: 970 Lake Carillon Drive, Suite 400
St. Petersburg, FL 33716

Name and Title: Stephanie Schaeffer, Secretary
Address: 911 Panorama Trail South
Rochester NY 14625

Name and Title: Efrain Rivera, Treasurer, Sole Director
Address: 911 Panorama Trail South
Rochester NY 14625

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Michael Nesbitt
Address: 911 Panorama Trail South
Rochester NY 14625

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

C T Corporation System
By: [signature] JAMES M. NIEWSOME Special Assistant Secretary 9/7/2011
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

[signature] 8/31/11
Required Signature/Incorporator Date