

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H11000217075 3)))



H110002170753ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 SEP - 1 AM 9:47

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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 II, Inc.

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

RECEIVED  
11 SEP - 1 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP -1 AM 9:47

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 II, 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]*  
Required Signature/Registered Agent

JAMES M. NEWSOME

Special Assistant Secretary

Date

9/1/2011

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 2.817.155, F.S.

*[Signature]* D. REYES, Jr.  
Required Signature/Incorporator

Date

8/31/11