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Florida Department of State
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 : 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 III, Inc.

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

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T. Burch JUN 11 2012

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 III, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
911 Panorama Trail South	
Rochester NY 14625	

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 Florida

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Kevin Hill, President	Name and Title:	Stephanie Schaeffer, Secretary
Address:	911 Panorama Trail South Rochester NY 14625	Address:	911 Panorama Trail South Rochester NY 14625
Name and Title:	Efrain Rivera, Treasurer, Sole Director	Name and Title:	
Address:	911 Panorama Trail South Rochester NY 14625	Address:	
Name and Title:		Name and Title:	
Address:		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: Connie Bryan — Connie Bryan 6/8/12
Required Signature/Registered Agent — Assistant Secretary — 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.

Required Signature/Incorporator — 6/8/12 Date

FL001 - 10/15/2010 C T System Online