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Florida Department of State
Division of Corporations
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RE-SUBMIT

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

Please retain original filing
date of submission 7/24

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

Paychex PEO VII, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02 03
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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1. 5/24/2012 JUL 28 2012



July 25, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: PAYCHEX PRO VII, INC.
REF: W12000039128

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Justin M Shivers
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000189250
Letter Number: 512A00019562

P.O BOX 6327 - Tallahassee, Florida 32314

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 VII, 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 FLORIDA

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
Address: 911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625

Name and Title: _____
Address: _____

Name and Title: EFRAIN RIVERA, Treasurer, Director
Address: 911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625

Name and Title: _____
Address: _____

Name and Title: STEPHANIE SCHAEFFER, Secretary
Address: 911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625

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: Connie Bryan
Required Signature/Registered Agent **Assistant Secretary**

7/27/12
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.

Michael Nesbitt
Required Signature/Incorporator

7/24/12
Date

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TALLAHASSEE, FLORIDA