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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 SYSTEMS
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT
Please retain original filing date of submission 7/24

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Paychex PEO VI, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02 a3
Estimated Charge	\$70.00

FILED
12 JUL 27 PM 4:22
RECEIVED
12 JUL 24 AM 8:59
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TALLAHASSEE, FLORIDA

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July 27, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: PAYCHEX PEO VI, INC.
REF: W12000039628

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.

The registered agent must sign accepting the designation.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith
Regulatory Specialist II

FAX Aud. #: H12000189249
Letter Number: 112A00019751

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 VI, 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 Name and Title: _____
Address: 911 PANORAMA TRAIL SOUTH Address: _____
ROCHESTER NY 14625

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

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

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

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TALLAHASSEE, FLORIDA

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 7/27/12
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.

[Signature] 7/24/12
Required Signature/Incorporator Date