

Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2616

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

2014 OCT 15 PM 2:07
SECRETARY OF STATE
CORPORATIONS DIV

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Paychex Business Solutions, LLC

☐ This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of Florida

4. The date of its organization is 7/18/1986

5. The period of duration of the limited liability company is (If perpetual, so state) perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

450 Veterans Memorial Parkway, Suite 7A

East Providence

RI

02914

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is CT Corporation System
(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

970 Lake Carillon Drive, Suite 400, St. Petersburg FL 33716

9. The mailing address for the limited liability company is:

911 Panorama Trail South Rochester NY 14625

FILED

OCT 15 2014

Form No. 450
Revised: 07/12

BY CA 234293
2:07

10. Management of the Limited Liability Company (check one only):

- A. The limited liability company is to be managed ☐ by its members. (If you have checked this box, go to Item No. 11 – **DO NOT LIST ANY NAMES IN SECTION B.**)

or

- B. The limited liability company is to be managed ☒ by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)

<u>Manager</u>	<u>Address</u>
Efrain Rivera	911 Panorama Trail South Rochester NY 14625

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.
12. The date this Application for Registration is to become effective, if later than the date of filing, is:

(not prior to, nor more than 30 days after, the filing of this Application for Registration)

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 9/18/2014

Paychex Business Solutions, LLC

Print Exact Name of Limited Liability Company Making Application

By [Signature]
Signature of Authorized Person

State of Florida

Department of State

I certify from the records of this office that PAYCHEX BUSINESS SOLUTIONS, LLC is a limited liability company organized under the laws of the State of Florida, filed on August 22, 2014, effective July 18, 1986.

The document number of this limited liability company is L14000132615.

I further certify that said limited liability company has paid all fees due this office through December 31, 2014, and its status is active.

I further certify that said limited liability company has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the Tenth
day of September, 2014*

Ken Detjen

Secretary of State



Authentication ID: 700264191387-091014-L14000132615

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

