## State of Idaho

Office of the Secretary of State

#### CERTIFICATE OF AUTHORITY

OF

#### PAYCHEX BUSINESS SOLUTIONS, LLC

#### File Number W 142372

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Uniform Limited Liability Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: September 19, 2014



Ben yoursa

By Aloy/ Petric



### APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

2014 SEP 19 PM 3: 01

SECRETARY OF STATE STATE OF IDAHO

(Instructions on back of application)

	(instructions on back o	i application	}	
1.	The name of the limited liability company is:			
	PAYCHEX BUSINESS SOLUTIONS, LLC			
2.	If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:			
	· · · · · · · · · · · · · · · · · · ·	<del></del>		
3.	The jurisdiction under whose laws the limited liability company is formed is: FLORIDA			
4.	The name and complete street address	mplete street address of the registered agent in Idaho is:		
•	C T Corporation System 921 S Orchard Street, Suite G, Boise, Idaho 83705			
5.	The street and mailing address of the limited liability company's principal office is:			
	911 PANORAMA TRAIL SOUTH ROCHESTER NY 14625			
	Street Address			
	Mailing Address, if different			
6.	The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:			
	970 LAKE CARILLON DRIVE, SUITE 400, ST. PETERSBURG FL 33716			
	Street Address			
	Malling Address, if different	· · · · · · · · · · · · · · · · · · ·		
7.	The name and mailing address of at least one member or manager:			
	EFRAIN RIVERA, MANAGER 911 PANORAMA TRAIL S ROCHESTER NY 14625			
8. '	The mailing address for future correspo	ondence:		
	911 PANORAMA TRAIL SOUTH ROCHEST	ER NY 14625		
	Signature of a manager, member or au person.	thorized	Secretary of State use only	
•	E/n: 12		IDANO SECRETARY OF ST	
	Signature /		an lea lance	

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W142372

Efrain Rivera, Manager

Typed Name

# 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

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