

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1360335.09

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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/25/2024 4:31 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 Certificate of Authority (Foreign Business Entity)

FBE

| Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | | (100 | reign Busine | 200 Littly) | | | |
|---|------------------------------------|-----------------------------------|----------------------------------|-------------------------------|------------------------------|--|--|
| Pursuant to the provisions and, for that purpose, sub | | | nereby applies f | for authority to transact bus | siness in Kentucky on b | ehalf of the entity named belo | |
| 1. The entity is a: X | profit corporation | | nonprofit corporation | | professional limite | professional limited liability company | |
| | business trust | | limited liability company | | statutory trust | statutory trust | |
| | limited partnership | | Itd cooperative association | | public benefit corp | public benefit corporation | |
| non-profit | | | professional service corporation | | other | | |
| 2. The name of the entity | is Paychex I | Benefit Technologies, | Inc. | on record with the Secret | ary of State.) | · | |
| 3. The name of the entity | | | e): | | | | |
| 4. The state or country u | ador whose la | utho optibulo organizad | | ovide if "real name" is una | available for use; othe | rwise, leave blank.) | |
| The state or country up The date of organization | | | | and the period of duration i | ie | · | |
| 5. The date of organization | n is <u>1/13/200</u> | , , | | and the period of duration i | f left blank, duration is | considered perpetual.) | |
| 6. The mailing address o | | incipal office is | | | | | |
| 911 Panorama Trail South | | | | Rochester | New York | 14625 | |
| Street Address | | | | City | State | Zip Code | |
| 7. The street address of t | | istered office in Kentuck | y is | Frankfort | 104 | 40601 | |
| 306 W. Main Street, Suite 512 Street Address (No P.O. Box Numbers) | | | | City | KY State | Zip Code | |
| and the name of the regis | | | poration Syste | | Otato | Lip Godd | |
| | | | | | was a | * | |
| 8. The names and busine | ess addresses | of the entity's represent | atives (secretar | y, officers and directors, m | anagers, trustees or ge | neral partners): | |
| Michael Gioja, Preside | 911 Panorama Trail | South | Rochester | New York | 14625 | | |
| Name | | Street or P.O. Box | 61 | City | State | Zip Code | |
| Christopher Simmons | , Treasurer | 911 Panorama Trail | South | Rochester | New York | 14625 | |
| Name | | Street or P.O. Box | | City | State | Zip Code | |
| Name | | Street or P.O. Box | | City | State | Zip Code | |
| and treasurer are licensed statement of purposes of | d in one or mor the corporation | re states or territories of n. | the United Stat | es or District of Columbia to | o render a professional | | |
| 10. I certify that, as of the | date of filing the | nis application, the abov | e-named entity | validly exists under the law | vs of the jurisdiction of it | s formation. | |
| 11. If a limited partnership | , it elects to be | e a limited liability limited | I partnership. | Check the box if applicable | : | | |
| 12. If a limited liability co | mpany, check | box if manager-mana | ged: | | | | |
| 13. This application will be | e effective upo | n filing. | | | | | |
| Chut ash fi | | | Christ | opher Simmons, Treasu | arer 4/23/20 | 024 | |
| Signature of Authorized Representative | | | | Printed Name & Title | | Date | |
| I, C T Corporation Sys Type/Print Name of Regis | tered Agenty | ()n | , cons | sent to serve as the registe | red agent on behalf of t | ne business entity. | |
| By: C T Corpora | tion System | Julio St | ephen Rullis | VP | & Asst. Secy. | 04/24/2023 | |

Printed Name

Title

Date

Signature of Registered Agent