Certificate of Authority

FOREIGN Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

R.I. DEPT OF STATE BUS SYES DIV

for that purpose submits the following statement:	· · · · · · · · · · · · · · · · · · ·	
1. The name of the corporation is:		
Oas	sis HR Solutions III, Inc.	·
2. It is incorporated under the laws of:		
	Florida	
3. The name, if different, which it elects to use in Rh	ode Island is:	
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereo above corporate endings for use in Rhode Island:		
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rho filed with this application:		
4. The date of its incorporation is:	29/2011	
And the period of its duration is: CHECK ONLY ON	E BOX	
☑ Perpetual (on-going)		
Date certain for dissolution		
5. The address of its principal office is:		
2054 Vista Parkway, S	uite 300 West Palm Bea	ch, FL 33411
6. The name and address of the initial registered ag	ent/office of in Rhode Island:	
Agent Name		
co	GENCY GLOBAL INC.	
Street Address (NOT a P.O. Box)		
22	2 Jefferson Boulevard	
City/Town Warwick	State RHODE ISLAND	Zip Code 0 2888
		CIIFN

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

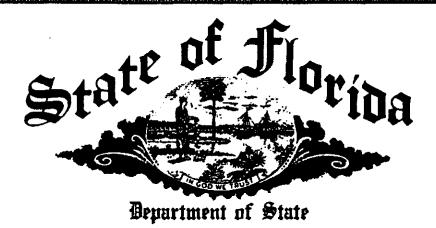
Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 16 2017

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FORM 150 - Revised: 05/2016

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7. The purpose or purpo	oses which it proposes t	to pursue in ti	he transaction of bu	siness in Rhode Island are:	
	Profes	sional Em	ployer Organiza	tion	
	· · · · · · · · · · · · · · · · · · ·	O.O	ployor organiza		•
8. (a) The names and re state or country of which	spective addresses of it h it is incorporated);	its directors (optional, unless dire	ctors are required under the laws of t	he
NAME			ADI	DRESS	·
		7,557,250			
Mark Peribe	lberg 2054 Vista P		Parkway, Suite 30	00, West Palm Beach, FL 33411	
Terry Mayo	votte 2054 Vista F		Parkway, Suite 30	00, West Palm Beach, FL 33411	
,					
			•		
	1		CI	neck the box to indicate an attachmer	nf E
8. (b) The names and re	spective addresses of it	ts principal of		directors are not required under the I	
of the state or country of	f which it is incorporated	d):			W11 -
OFFICE	NAME	•		ADDRESS	
PRESIDENT					
VICE PRESIDENT	Mark Peribe	rg	2054 Vista Park	way, Suite 300, West Palm Beach, FL 334	1 11
VICE PRESIDENT	Terry Mayot	lto.	2054 Vieta Park	wer Culto 200 Most Dalm Rason El 32	444
TREASURER		110	ZUD4 Viola rain	way, Suite 300, West Palm Beach, FL 33	417
	Terry Mayoti	lte	2054 Vista Park	way, Sulte 300, West Palm Beach, FL 33	411
SECRETARY					
	Mark Periber	лg		way, Suite 300, West Palm Beach, FL 334	
				heck the box to indicate an attachme	**************************************
par value, and series, if a	r of shares which it has any, within a class, is:	authority to i	issue; itemized by cl	asses, par value of shares, shares w	ithout
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALU	JE
3,000	Common			\$0.01	
					_
					_
					_
					_
10. (a) Estimate, in dolla				ars, the value of the corporation's pro	
owned by the corporation located:	1 for the following year,	wherever	to be located within	Rhode Island during the following yes	ar:
s	0.00		\$	\$0.00	
		•	. •		
(c) Estimate, as a percer	ntage, the proportion th	at the estima	ted value of the pro	perty of the corporation to be located	
				corporation to be owned during the to obtain the percentage.	
TOllowing year, wherever	tocated, Note, Divide Li	TOD) DY (TOD)	ана типиру ву тов	to obtain the percentage.	
<u> </u>		,			
			•	·	

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.			
\$	\$			
(c) Estimate, as a percentage, the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.				
%				
12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.				
13. Date when the Certificate of Authority will be effective: C	HECK ONLY ONE BOX			
☑ Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the day of filing)				
Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of Authorized Officer	Date			
Terry Mayotte	6/8/17			
Signature of Authorized Officer of the Corporation	7 /			
SIGN DOCL	JMENT HERE			



I certify from the records of this office that OASIS HR SOLUTIONS III, INC. is a corporation organized under the laws of the State of Florida, filed on November 29, 2011, effective March 1, 2007.

The document number of this corporation is P11000101697.

I further certify that said corporation has paid all fees due this office through December 31, 2017, that its most recent annual report/uniform business report was filed on April 26, 2017, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fifteenth day of June, 2017

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Ken Betzner Secretary of State