



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 JAN 18 PM 2:20

**Application for Certificate of Authority  
 Foreign Business Corporation**  
 Filing and License Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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:

1. The name of the corporation is:	
AMERICA'S BACK OFFICE, INC - MIDWEST	
2. It is incorporated under the laws of:	MICHIGAN
3. The name, if different, which it elects to use in Rhode Island is:	
<p>(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:</p> <p>(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:</p>	
4. The date of its incorporation is:	08/31/2015
And the period of its duration is: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____	
5. The address of its principal office is:	
13900 LAKESIDE CIRCLE, SUITE 200, STERLING HEIGHTS, MI 48313	

2:20

JB 322063  
 JAN 18 2018  
 FILED

6. The name and address of the initial registered agent/office of in Rhode Island

Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

PROFESSIONAL EMPLOYER ORGANIZATION

8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated)

NAME	ADDRESS
DAVID OTTO	13900 LAKESIDE CIRCLE, SUITE 200, STERLING HEIGHTS, MI 48313

Check the box to indicate an attachment.

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated)

OFFICE	NAME	ADDRESS
PRESIDENT	DAVID OTTO	13900 LAKESIDE CIRCLE, SUITE 200, STERLING HEIGHTS, MI 48313
VICE PRESIDENT		
TREASURER		
SECRETARY	DAVID OTTO	13900 LAKESIDE CIRCLE, SUITE 200, STERLING HEIGHTS, MI 48313

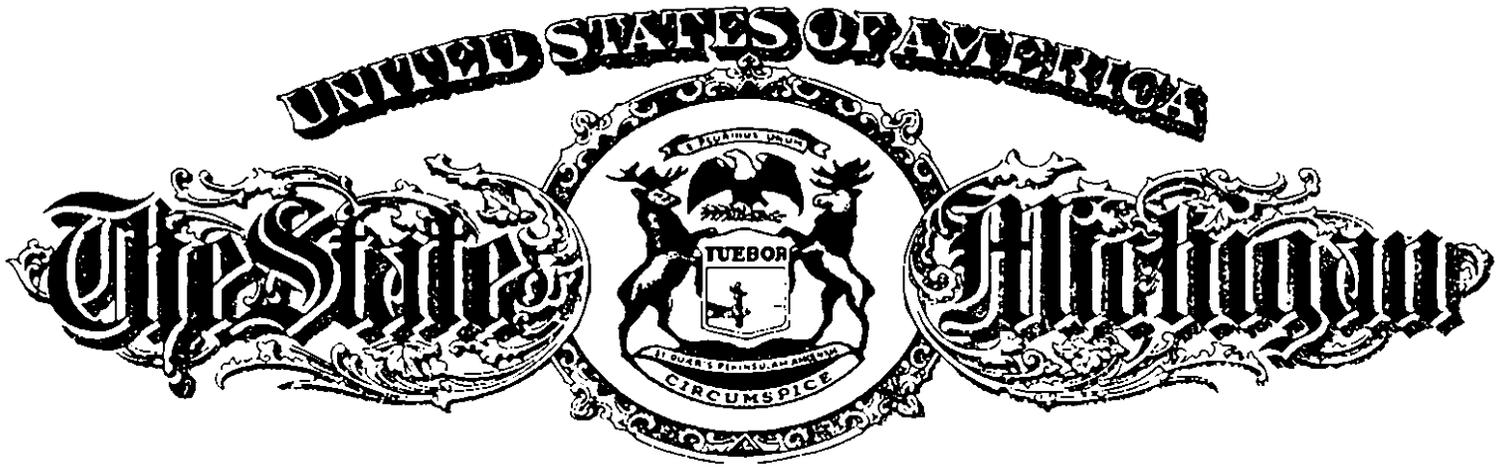
Check the box to indicate an attachment.

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100	COMMON		\$1.00

10. (a) Estimate in dollars the value of all property to be owned by the corporation for the following year wherever located.		
\$ 0.00		
(b) Estimate in dollars the value of the corporation's property to be located within Rhode Island during the following year.		
\$ 0.00		
(c) Estimate as a percentage the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year wherever located. Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.		
0 %		
11. (a) Estimate in dollars the gross amount of business to be transacted by the corporation during the following year.		
\$ 100,000,000.00		
(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.		
\$ 0.00		
(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.		
0 %		
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. CHECK ONLY ONE BOX.		
<input checked="" type="checkbox"/> Date received (Upon filing)		
<input type="checkbox"/> 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.		
Signature of Authorized Officer of the Corporation <i>David Otto</i> SIGNATURE	Type or Print Name of Authorized Officer David Otto	Date 1-5-18

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



**Department of Licensing and Regulatory Affairs**

**Lansing, Michigan**

*This is to Certify That*

**AMERICA'S BACK OFFICE, INC - MIDWEST**

*was validly incorporated on August 31, 2015 as a Michigan DOMESTIC PROFIT CORPORATION,  
and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation  
is in good standing in Michigan as of this date and is duly authorized to transact business and for no other  
purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit  
given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 17th day of January, 2018.*

*Julia Dale, Director*

*Corporations, Securities & Commercial Licensing Bureau*

*Sent by electronic transmission*

Certificate Number: 18012786510

Verify this certificate at URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, 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:

January 18, 2018 02:20 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

