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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

## **Fictitious Business Name Statement**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1	2010 FEB 2.1	SECRETARY CORPORATION	
	PH 1: 5	VED STATE	
1	8	171	

1. Entity ID Number	2. Exact Name of the Limited Liability Company			
001681669	ManageYourPeople, LLC			
3. The fictitious business	name to be used is:			
Zenefits HR Services				
4. The state or country the entity is formed is:		5. The date of forma	5. The date of formation is:	
Delaware		5/2/2017	5/2/2017	
	authorized to do business in t			
Under penalty of perjui	ry, I declare and affirm that i ned herein is true and corre	I have examined this Fictit ct.	ious Business Name State and that	
Name of Applicant Limited Liability Company			Date	
ManageYourPeople, LLC			2/20/2018	
Signature of Authorized		DOCUMENT HERE		
ON PUL	all 1 16 con			

MAIL TO:

**Division of Business Services** 

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

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

FEB 2 1 2018

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.

FORM 624 LLC - Revised: 06/2016

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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:

February 21, 2018 01:58 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

