

SEGRETARY OF STATE SCOREDRATIONS DIV

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

purpose submits the following statement:		` <u> </u>	
The name of the limited liability company is:			
PERFORMANCE DRIVEN WORKFORCE LLC			
Is this company organized in its state or country of formation	as a low-profit timited liability of	company? Yes No 🔀	
The name, if different, under which it proposes to register and	transact business in Rhode I	sland is:	
2. The LLC is organized under the laws of: Michigan			
3. The date of its organization is: 2/10/2015			
And the period of its duration is: CHECK ONE BOX ONLY			
Perpetual (on-going)			
Date certain for dissolution			
4. The name and address of the resident agent/office in Rhod	e Island is:		
Agent Name			
C T Corporation System	<u> </u>		
Street Address (<u>NOT</u> a P.O. Box)			
450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence State RHODE ISLAN		Zip Code	
	KHODE ISLAND	02914	
5. The purpose or purposes which it proposes to pursue in the	e transaction of business in RI	node Island are:	
To provide customer with contract Fleet Attendants who drive/ride in Autonomous Vehicles on set routes in Providence			
Check the box to indicate an attachment			

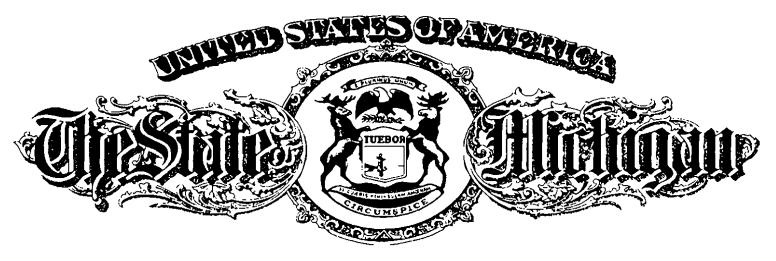
MAIL TO:

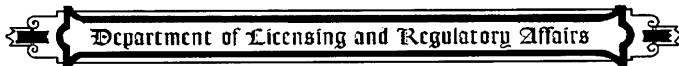
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED
FEB 0 4 2019
FORM 450 - Revised: 01/2019

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.			
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:			
22226 Garrison Street, Dearborn, MI 48124			
8. The mailing address for the limited liability company is:			
22226 Garrison Street, Dearborn, MI 48124			
9. Management of the Limited Liability Co.	mpany:		
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX			
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)			
By one (1) or more managers (List managers below)			
MANAGER	ADDRESS		
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.			
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of LLC		Date	
Performance Driven Workforce		2/1/19	
Signature of Authorized Person UGL DOOUMENT HERE			

ν.





Lansing, Michigan

This is to Certify That

PERFORMANCE DRIVEN WORKFORCE LLC

was validly authorized on February 10, 2015, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

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.



Sent by electronic transmission

Certificate Number, 19020679480

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 1st day of February, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

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