



2019 APR 16 STAMP

## **Application for Registration**FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, 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:			
AMPLIFY HR M	ANAGEMENT, LLC		
Is this company organized in its state or country of formation	n as a low-profit limited liability	company? Yes No X	
The name, if different, under which it proposes to register and transact business in Rhode Island is:			
2. The LLC is organized under the laws of:	DE		
3. The date of its organization is: 5/22/2017			
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 Rhode Island is:			
Agent Name	•		
COGENCY GLOBAL INC.			
Street Address (NOT a P.O. Box)	· · · · · · · · · · · · · · · · · · ·		
222 Jefferson Boulevard			
City/Town	arwick RHODE ISLAND	Zip Code	
Warwick		02888	
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:			
Employee Leasing			
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 STARP APR 16 2019 EY E9 G9 P

FORM 450 - Revised. 12/2018

	d the agent of the foreign limited liability company for service of process if, at se resident agent cannot be found or served following the exercise of reasonable
7. The address of the office required to be if not so required, of the principal office of	maintained in the state or country of its organization by the laws of that state or, the foreign limited liability company is:
One Overl	ook Point, Suite 160, Lincolnshire, IL 60069
8. The mailing address for the limited liabil	lity company is:
One Overl	ook Point, Suite 160, Lincolnshire, IL 60069
9. Management of the Limited Liability Co.	mpany:
The Limited Liability Company is to be ma	naged 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 ma	anagers below)
MANAGER	ADDRESS
<ol> <li>This application must be accompanied formation dated within 60 days of the date</li> </ol>	by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of of filing.
11. Date when this application for Certifica	ate 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 affi accompanying attachments, and that all s	irm that I have examined this Application for Registration, including any tatements contained herein are true and correct.
Type or Print Name of LLC	Date
777	Management, LLC 9//5//9
Signature of Authorized Person	SIGN DOCUMENT HERE



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMPLIFY HR MANAGEMENT, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMPLIFY HR

MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MAY, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

6419565 8300 SR# 20192529958

Authentication: 202574138

Date: 04-03-19