



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

**Professional Employer Organization (aka Employee Leasing Company)**

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
Peter B. Newman	11101 Roosevelt Blvd N, St Petersburg, FL 33716
Harry E. Campbell	11101 Roosevelt Blvd N, St Petersburg, FL 33716
Christopher M. Welcomer	11101 Roosevelt Blvd N, St Petersburg, FL 33716
Richard G. Torra	11101 Roosevelt Blvd N, St Petersburg, FL 33716

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	Peter B. Newman	11101 Roosevelt Blvd N, St Petersburg, FL 33716
VICE PRESIDENT	Harry E. Campbell	11101 Roosevelt Blvd N, St Petersburg, FL 33716
TREASURER	Christopher M. Welcomer	11101 Roosevelt Blvd N, St Petersburg, FL 33716
SECRETARY	Richard G. Torra	11101 Roosevelt Blvd N, St Petersburg, FL 33716

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
1	Common	A	1.00
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. An estimate, as a percentage, of 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: Percentage obtained from worksheet.)

0 \_\_\_\_\_ %

11. An estimate, as a percentage, of 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: Percentage obtained from worksheet.)

0.01 \_\_\_\_\_ %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority 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 Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer

**Christopher M. Welcomer**

Date

**10/04/2019**

Signature of Authorized Officer of the Corporation



# *State of Florida*

## *Department of State*

I certify from the records of this office that DECISIONHR I, INC. is a corporation organized under the laws of the State of Florida, filed on October 6, 1986.

The document number of this corporation is J37116.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on March 13, 2019, and that 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 Fourth day of October, 2019*



*Randy R. Lee*  
**Secretary of State**

Tracking Number: 3014550049CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



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:

October 11, 2019 11:19 AM

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*

