



Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

2020 JAN -3 PH 1: 12

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersign applies for a Certificate of Registration to transact busines purpose submits the following statement:	ed foreign limited liability company is in the State of Rhode Island, and	hereby d for that	
The name of the limited liability company is:			
Work	Centric LLC		
Is this company organized in its state or country of forma	ition as a low-profit limited liability of	company? Yes No X	
The name, if different, under which it proposes to registe	r and transact business in Rhode I		
2. The LLC is organized under the laws of:	Virginia		
3. The date of its organization is:	viiginia	 	
	12/09/2019		
And the period of its duration is: CHECK ONE BOX ON	LY	-	
X Perpetual (on-going)			
Date certain for dissolution	··-	<u> </u>	
4. The name and address of the resident agent/office in I	Rhode Island is:	1	
Agent Name			
	CY GLOBAL INC.		
Street Address (<u>NOT</u> a P.O. Box)			
	erson Boulevard		
City/Town	State RHODE ISLAND	Zip Code 02888	
	vvarwick		
5. The purpose or purposes which it proposes to pursue		hode Island are:	
ASO ar	nd PEO services		
		••	
	Check the b	ox to indicate an attachment 🔲	
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MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 0 8 2020 1:13

The RI Department of State is appointed any time, there is no resident agent or if the diligence.	d the agent of the foreign limited liability company for ne resident agent cannot be found or served following	or service of process if, at ng the exercise of reasonable	
 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 the foreign limited liability company is:	in by the laws of that state or,	
45662 To	erminal Dr., Suite 200, Sterling, VA 20166		
8. The mailing address for the limited liabil	lity company is:		
45662 To	erminal Dr., Suite 200, Sterling, VA 20166		
9. Management of the Limited Liability Company:			
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 managers below)			
MANAGER	ADDRESS	· · ·	
		12	
		41	
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	
WorkCentric LLC		12/29/19	
Signature of Authorized Person			
	——————————————————————————————————————	<i>:</i>	

Commonboealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That WorkCentric LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on December 9, 2019; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

December 31, 2019

Joel H. Peck, Clerk of the Commission

CERTIFICATE NUMBER: 2019123113962734