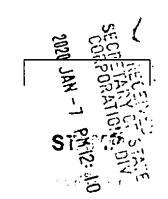


Application for RegistrationFOREIGN Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL <u>7-16-49</u> , the applies for a Certificate of Registration to transa			
purpose submits the following statement:	iot business in tile t	nale of Miloue Island, and I	ioi tiidt
1. The name of the limited liability company is:			
HA SUPPORT SERVICES, L	LC	•	
Is this company organized in its state or countr	ry of formation as a	low-profit limited liability co	ompany? Yes No 🗸
The name, if different, under which it proposes	to register and trar	nsact business in Rhode Isl	and is:
2. The LLC is organized under the laws of:	New York		
3. The date of its organization is: 07/17/	/2019		
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	t/office in Rhode Isl	and is:	
Agent Name Vcorp Services, LLC			
Street Address (NOT a P.O. Box) 222 Jefferso	on Boulevard		•
City/Town Warwick	Sta	RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes	to pursue in the tra	nsaction of business in Rho	ode Island are:
staffing agency, temp to hire			
			;
1			•
<u>}</u>			
		Check the box	x 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

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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:				
135 West 29th Street Suite 500, New York, NY 10001				
8. The mailing address for the limited liability company is:				
135 West 29th Street Suite 500, New York, NY 10001				
9. Management of the Limited Liability Company:				
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				
HA Support Services, LLC //3/20				
Signature of Authorized Person Sign OCUMENT HERE				

State of New York Department of State } ss:

I hereby certify, that HA SUPPORT SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/17/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of HA SUPPORT SERVICES, LLC was filed on 09/27/2019.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal of the Department of State at the City of Albany, this 03rd day of January two thousand and twenty.

Braden C Hylan

Brendan C. Hughes
Executive Deputy Secretary of State

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CURPORATIONS DIV