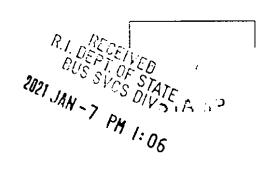


Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation



Pursuant to the applicable provisions of RIGL Title 7, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

| 1. Entity ID Number. | 2. The full name of the ent | ity filing this application is: | |
|-------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------|------------------------------------|
| 000486106 | Staff One, Inc. | | |
| 3. The applicant is a duly qualified | foreign: (CHECK ONE BO | X ONLY) | |
| Limited Liability Company | × Business | Corporation | Non-Profit Corporation |
| Limited Partnership | Limited Li | ability Partnership | |
| 4. The applicant submits this appli | cation for the purpose of tra | insferring its authority to a | (CHECK ONE BOX ONLY) |
| X Limited Liability Company (RIGL <u>7-16-52.1</u>) Business Corporation (RIGL <u>7-1.2-1411.1</u>) | | | |
| Non-Profit Corporation (RIGL <u>7-6-80.1</u>) Limited Partnership (RIGL <u>7-13-52.1</u>) | | | |
| Limited Liability Partnership | (RIGL <u>Title 7</u> , as applicable) | <u> </u> | |
| The date the applicant qualified to conduct business in | | 6. The jurisdiction upon transfer of authority is: | |
| Rhode Island is: 09/18/2008 | | Oklahoma | |
| 7. The name of the entity following | the transfer of authority is: | | |
| Staff One, LLC | | | |
| 8. The application for transfer of a | uthority is filed as an accom | panying certificate to the: | CHECK ONE BOX ONLY |
| X Application for registration for | or a Limited Liabilty Compan | у | |
| Application for certificate of | authority for a Business Cor | poration | |
| Application for certificate of | authority for a Non-Profit Co | rporation | |
| Certificate of registration for | a Limited Partnership | | |
| Notice of registration for a re | egistered Limited Liability Pa | artnership | |
| 8(a). This Transfer of Authority an | d applicable Application/Cer | tificate/Notice must be ac | companied by a Certificate of Good |
| Standing/Legal Existence from the | e current jurisdiction of the e | entity. | |

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

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FORM 612- Revised: 09/2020

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| TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for ing any accompanying attachments, and that all statements contained herein are true and cois authorized to sign this certificate on behalf of the entity set forth above. | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Type or Print Name of Limited Liability Company | |
| Signature of Authorized Person | Date |
| Signature of Authorized Person | Date |
| Type or Print Name of Corporation | |
| Staff One, Inc. | |
| Signature of Authorized Person | Date |
| Signature of Authorized Person Ruff J.L. | 1/6/2021 |
| Signature of Authorized Person | Date |
| 10 mg/ | 1/6/2021 |
| <u> </u> | |
| Type or Print Name of Partnership | |
| | Date |
| Type or Print Name of Partnership | Date Date |
| Type or Print Name of Partnership Signature of Partner | |
| Type or Print Name of Partnership Signature of Partner Signature of Partner | Date |
| Type or Print Name of Partnership Signature of Partner Signature of Partner Signature of Partner | Date |