



State of Rhode Island

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUL -6 P 12:05

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
Oasis Outsourcing Benefits III, Inc.		
2. It is incorporated under the laws of:		
Florida		
3. The name, if different, which it elects to use in Rhode Island is:		
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:		
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is:		
02/17/1998		
And the period of its duration is: CHECK ONE BOX ONLY		
☒ Perpetual (on-going)		
☐ Date certain for dissolution _____		
5. The address of its principal office is:		
2054 Vista Parkway, Suite 300, West Palm Beach, FL 33411		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name		
COGENCY GLOBAL INC.		
Street Address (<u>NOT</u> a P.O. Box)		
222 Jefferson Boulevard		
City/Town	State	Zip Code
Warwick	RHODE ISLAND	02888

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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BY *[Signature]* MSEM3
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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Professional Employer Organization

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
John Gibson, Jr.	911 Panorama Trail South, Rochester, NY 14625

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	Teresa Carroll	2054 Vista Parkway, Suite 300, West Palm Beach, FL 33411
VICE PRESIDENT	John Gibson, Jr.	911 Panorama Trail South, Rochester, NY 14625
TREASURER	Robert L. Schrader	911 Panorama Trail South, Rochester, NY 14625
SECRETARY	Stephanie L. Schaeffer	911 Panorama Trail South, Rochester, NY 14625

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
100,000	Common		0.01

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 %

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

Robert L. Schrader

Date

4/9/2021

Signature of Authorized Officer of the Corporation



State of Florida

Department of State

I certify from the records of this office that OASIS OUTSOURCING BENEFITS III, INC. is a corporation organized under the laws of the State of Florida, filed on February 17, 1998.

The document number of this corporation is P98000015570.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on March 15, 2021, 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 First day of July, 2021*



Samuel R. Bee
Secretary of State

Tracking Number: 9910713996CU

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

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