State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee $150.00

Pursuant to the provisions of RIGL 7-16-42 the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

1ST CLASS STAFFING LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒

The name, if different under which it proposes to register and transact business in Rhode Island is:

2. The LLC is organized under the laws of: Arizona

3. The date of its organization is: 2/27/2006

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/office in Rhode Island is:

Agent Name
Business Filings Incorporated

Street Address (NOT a P.O. Box)
450 Veterans Memorial Parkway Suite 7A

City/Town	State	Zip Code
East Providence	RHODE ISLAND	02914

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

staffing agency

Check the box 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:

3302 N 35TH AVE STE 4, PHOENIX, AZ, 85017-5274, USA

8. The mailing address for the limited liability company is:

1293 N State St, Orem, Utah 84057

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
Katrina Leslie	1293 N State St, Orem, Utah 84057
Jane Hussey	1293 N State St, Orem, Utah 84057
Joel Steadman	1293 N State St, Orem, Utah 84057

10. This application must be accompanied by a Certificate of Good Standing (or similar) 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 30 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
1ST CLASS STAFFING LLC	9-2-21

Signature of Authorized Person  Katrina Leslie, Manager

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

1ST CLASS STAFFING LLC

ACC file number: L12674996

was incorporated under the laws of the State of Arizona on 02/27/2006, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **08/11/2021**

Matthew Neubert, Executive Director

State of Rhode Island
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, 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:

September 20, 2021 10:19 AM

Nellie M. Gorbea
Secretary of State