



State of Rhode Island  
Department of State - Business Services Division

**Application for Registration**  
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 JAN -9 P 12:03

Pursuant to the provisions of RIGL 7-16-49, 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:  |                    |                |
| Magnit, LLC   |                    |                |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                    |                |
| 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: Delaware   |                    |                |
| 3. The date of its organization is: 09/09/2022  |                    |                |
| And the period of its duration is: CHECK ONE BOX ONLY   |                    |                |
| <input checked="" type="checkbox"/> Perpetual (on-going)  |                    |                |
| <input type="checkbox"/> Date certain for dissolution _____   |                    |                |
| 4. The name and address of the resident agent/office in Rhode Island is:  |                    |                |
| Agent Name Corporate Creations Network Inc.   |                    |                |
| Street Address (NOT a P.O. Box) 10 Dorrance Street #700   |                    |                |
| City/Town Providence  | State RHODE ISLAND | Zip Code 02903 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  |                    |                |
| contingent workforce management   |                    |                |
| Check the box to indicate an attachment <input type="checkbox"/>  |                    |                |

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 ML JIBEN  
12:03

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:  
 2365 Iron Point Road, Suite 270, Folsom, CA 95630

8. The mailing address for the limited liability company is:  
 2365 Iron Point Road, Suite 270, Folsom, CA 95630

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, **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 Certificate of Good Standing/Letter of Status 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<br>Magnit, LLC | Date<br>1/5/2023 |
|--|------------------|

Signature of Authorized Person  
 Kevin Duteau, Attorney-in-Fact

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 [corporatlons@sos.ri.gov](mailto:corporatlons@sos.ri.gov).

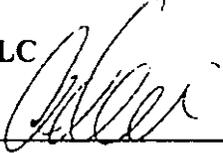
Limited Power of Attorney

The undersigned Officer of **Magnit, LLC** a Delaware entity ("the Company"), appoints Kevin Duteau as attorney-in-fact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Adia Myles, Special Manager grants to the attorney-in-fact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Corporate Creations, 801 US Highway 1, North Palm Beach, FL 33408.

The undersigned has executed this Limited Power of Attorney effective as of this 5th day of January, 2023.

Magnit, LLC

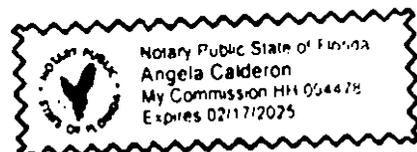
By: 

Name: Adia Myles  
Title: Special Manager

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Subscribed and sworn to before me this 5th day of January, 2023.

  
Notary Public



# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGNIT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGNIT, LLC" WAS FORMED ON THE NINTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7020004 8300

SR# 20230021880

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202414826

Date: 01-04-23



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

January 09, 2023 12:03 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

