



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$150.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Limited Liability Company  
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is: Employer Flexible HR VI, LLC

*Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.*

Check if this company is organized in its state or country of formation as a low-profit limited liability company.

**ARTICLE II**

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

**ARTICLE III**

The Limited Liability Company is organized under the laws of: State: TX Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date:

**ARTICLE IV**

The date of its organization is: 12/10/2019

**ARTICLE V**

The period of its duration is:  Perpetual

**ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 10 DORRANCE STREET #700

City or Town: PROVIDENCE

State: RI Zip: 02903

Name: CORPORATE CREATIONS NETWORK INC.

**Article VII**

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

PROFESSIONAL EMPLOYER ORGANIZATION

**ARTICLE VIII**

The Rhode Island 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.

**ARTICLE IX**

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 7102 N. SAM HOUSTON PKWY. W. SUITE 200

City or Town: HOUSTON

State: TX Zip: 77064 Country: USA

**ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: 7102 N. SAM HOUSTON PKWY. W. SUITE 200

City or Town: HOUSTON

State: TX Zip: 77064 Country: USA

**ARTICLE XI**

The limited liability company is to be managed by its    Members or   X   Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	EMPLOYER FLEXIBLE HR, LLC	7102 N. SAM HOUSTON PKWY. W. SUITE 200 HOUSTON, TX 77064 USA

*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 18 Day of April, 2023 at 6:30:20 PM by the Authorized Person.**

EMPLOYER FLEXIBLE HR, LLC - MANAGER BY SARAY DJIDJI, SPECIAL MANAGER

Form No. 450  
Revised 09/07

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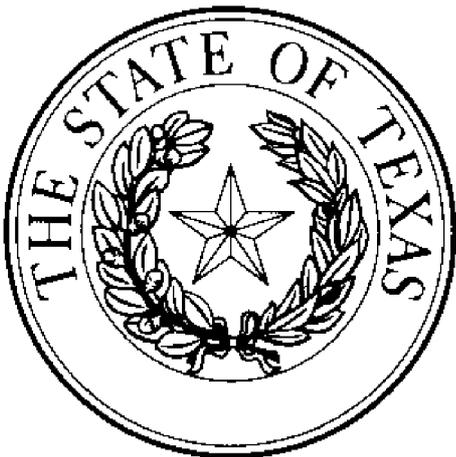
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Employer Flexible HR VI, LLC (file number 803490216), a Domestic Limited Liability Company (LLC), was filed in this office on December 10, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 07, 2023.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson  
Secretary of State



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:

April 18, 2023 06:28 PM

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

Gregg M. Amore  
*Secretary of State*

