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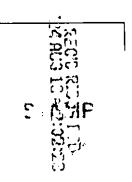


State of Rhode Island

Department of State - Business Services Division

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:

Entity ID Number:	2. The full name of the entity filing this application is:		
001751368	EMPLOYER'S OUTSOURCING, INC.		
3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)			
Limited Liability Company	X Business Cor	poration Non-Profit Corporation	
Limited Partnership	Limited Liability Partnership		
4. The applicant submits this application for the purpose of transferring 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>)	
· · · · · · · · · · · · · · · · · · ·		Limited Partnership or Limited Liability Limited Partnership (RIGL 7-13,1-1009)	
Limited Liability Partnership (RIGL 7-12,1-1009)			
5. The date the applicant qualified to conduct business in		6. The jurisdiction upon transfer of authority is:	
Rhode Island is: 01/17/2023		California	
7. The name of the entity following the transfer of authority is:			
EMPLOYER'S OUTSOURCING, LLC			
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY			
X Application for registration for a Limited Liabilty Company			
Application for certificate of authority for a Business Corporation			
Application for certificate of authority for a Non-Profit Corporation			
Statement of registration for a Limited Partnership			
Statement of registration for a registered Limited Liability Partnership			
9. This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good			
Standing/Legal Existence from the current jurisdiction of the entity.			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: <u>www.sos.ri.gov</u>

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10. 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 I ing any accompanying attachments, and that all statements contained herein are true and contained to sign this certificate on behalf of the entity set forth above.	ransfer of Authority, includ- rect and that the undersigned
Type or Print Name of Limited Liability Company	
EMPLOYER'S OUTSOURCING, LLC	
Signature of Authorized Person	Date
KARA KOROSEC, MEMBER **AUA LOVOSEC** *	08/07/2024
Signature of Authorized Person	Date
Type or Print Name of Corporation	
EMPLOYER'S OUTSOURCING, INC.	
Signature of Authorized Person	Date
KARA KOROSEC, SECRETARY KARA KOROSEC, SECRETARY	08/07/2024
Signature of Authorized Person	Date
Type or Print Name of Partnership	
Signature of Partner	Date
Signature of Partner	Date
Signature of Partner	Date
Type or Print Name of Other Entity	
Type or Print Name of Other Endty	
Signature of Authorized Person	Date
Signature of Authorized Person	Date

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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:

August 19, 2024 02:02 PM

Gregg M. Amore Secretary of State

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