



State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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: | | |
| Sheakley HR, 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: Ohio | | |
| 3. The date of its organization is: 03/16/2007 | | |
| 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 COGENCY GLOBAL INC. | | |
| Street Address (NOT a P.O. Box) 222 Jefferson Boulevard | | |
| City/Town Warwick | State RHODE ISLAND | Zip Code 02888 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: | | |
| Professional Employer Organization | | |
| 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 1:00 PM

FEB 24 2025
BY *confirm #* 1255250

| | | |
|---|-------------------|---|
| 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: 1475 S. Price Rd., Chandler, AZ 85286 USA | | |
| 8. The mailing address for the limited liability company is: 1475 S. Price Rd., Chandler, AZ 85286 USA | | |
| 9. Management of the Limited Liability Company: CHECK ONE BOX ONLY | | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> Members (Owners) DO NOT complete the chart below. </div> <div>OR</div> <div> <input checked="" type="checkbox"/> Manager(s). Complete the chart below. </div> </div> | | |
| | MANAGER(S) NAME | ADDRESS |
| | JJ Hutzenbiler | 1475 S. Price Rd., Chandler, AZ 85286 USA |
| | Kara Childress | 1475 S. Price Rd., Chandler, AZ 85286 USA |
| Check the box to indicate an attachment <input type="checkbox"/> | | |
| 10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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 | | |
| <input checked="" type="checkbox"/> Date received (Upon filing) | | |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____ | | |
| <i>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.</i> | | |
| Type or Print Name of LLC Sheakley HR, LLC | Date 2/27/2025 | |
| Signature of Authorized Person | | |

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.

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SHEAKLEY HR, LLC, an Ohio Limited Liability Company, Registration Number 1686018, was organized in the State of Ohio on March 16, 2007, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 24th day of February, A.D. 2025.*

A handwritten signature in black ink, appearing to read "Frank LaRose", written in a cursive style.

Ohio Secretary of State

Validation Number: 202505504386



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:

February 24, 2025 01:00 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

