



State of Rhode Island
Department of State - Business Services Division

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Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: Insperty PEO HR, Inc.		
2. It is incorporated under the laws of: Delaware		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 02/27/2025 And the period of its duration is: CHECK ONE BOX ONLY ☒ Perpetual (on-going) ☐ Date certain for dissolution _____		
5. The address of its principal office is: 19001 Crescent Springs Drive, Kingwood, TX 77339		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Corporation Service Company Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200 City/Town Warwick State RHODE ISLAND Zip Code 02888		

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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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Professional Employer Organization			
8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):			
NAME	ADDRESS		
A. Steve Arizpe	19001 Crescent Springs Drive, Kingwood, TX 77339		
James D. Allison	19001 Crescent Springs Drive, Kingwood, TX 77339		
Sean P. Duffy	19001 Crescent Springs Drive, Kingwood, TX 77339		
Check the box to indicate an attachment ☐			
8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):			
OFFICE	NAME	ADDRESS	
PRESIDENT	A. Steve Arizpe	19001 Crescent Springs Drive, Kingwood, TX 77339	
VICE PRESIDENT	Sean P. Duffy	19001 Crescent Springs Drive, Kingwood, TX 77339	
TREASURER	James D. Allison	19001 Crescent Springs Drive, Kingwood, TX 77339	
SECRETARY	Christian P. Callens	19001 Crescent Springs Drive, Kingwood, TX 77339	
Check the box to indicate an attachment ☒			
9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:			
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1000	Common		\$0.01
10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.) 0 _____ %			
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.) 0 _____ %			

INSPERITY PEO HR, INC.
a Delaware corporation

LIST OF DIRECTORS AND OFFICERS

Each person identified below was elected or appointed to the applicable position effective as of February 27, 2025, unless otherwise indicated

DIRECTORS

A. Steve Arizpe
James D. Allison
Sean P. Duffy

OFFICERS

Paul J. Sarvadi	Chief Executive Officer
A. Steve Arizpe	President and Chief Operating Officer
James D. Allison	Executive Vice President of Finance, Chief Financial Officer and Treasurer
Christian P. Callens	Senior Vice President of Legal, General Counsel and Secretary
Sean P. Duffy	Senior Vice President of Finance and Accounting

12. 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 this filing.	
13. Date when the Certificate of Authority 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) _____	
14. <i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Officer	Date
Christian P. Callens	5/8/2025
Signature of Authorized Officer of the Corporation 	

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.

Delaware

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I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSPERITY PEO HR, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INSPERITY PEO HR, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2025.

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



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SR# 20252155718

You may verify this certificate online at corp.delaware.gov/authver.shtml

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203654511

Date: 05-09-25



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:

May 16, 2025 01:44 PM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is fluid and cursive.

Gregg M. Amore
Secretary of State

