State of Rhode Island
Office of the Secretary of State

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

Fee: $310.0

Foreign Corporation
Application for Certificate of Authority
(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Staff HC Inc.

SECTION II

It is incorporated under the laws of State: NY Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:
(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island* ***OR***
(b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 5/8/2024

and the period of its duration is X Perpetual __

SECTION V

The location of its principal office is

No. and Street: 2500 LEGACY DRIVE
SUITE 118
City or Town: FRISCO State: TX Zip: 75034 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is
No. and Street: 450 VETERANS MEMORIAL PARKWAY
SUITE 7A
City or Town: EAST PROVIDENCE State: RI Zip: 02914

and the name of its proposed registered agent in Rhode Island at that address is NATIONAL REGISTERED AGENTS, INC.

SECTION VII

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

SECTION VIII

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PRASHANT ARNI	2500 LEGACY DRIVE, SUITE 118 FRISCO, TX 75034 USA

DIRECTOR	PRASHANT ARNI	2500 LEGACY DRIVE, SUITE 118 FRISCO, TX 75034 USA

(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).

Title	**Individual Name** First, Middle, Last, Suffix	**Address** Address, City or Town, State, Zip Code, Country
PRESIDENT	PRASHANT ARNI	2500 LEGACY DRIVE, SUITE 118 FRISCO, TX 75034 USA
DIRECTOR	PRASHANT ARNI	2500 LEGACY DRIVE, SUITE 118 FRISCO, TX 75034 USA

SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Num of Shares*	
CNP		I	$0.0000	100.00

Signed this 21 Day of August, 2025 at 2:40:27 PM by the officers(s). *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By PRASHANT ARNI
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	STAFF HC INC.
DOS ID Number:	7323519
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	05/08/2024
Statement Status:	CURRENT
Statement Due Date:	05/31/2026

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	CERTIFICATE OF INCORPORATION
Date of Filing:	05/08/2024
Entity Name:	STAFF HC INC.

Document Type:	CERTIFICATE OF CHANGE BY ENTITY
Date of Filing:	11/25/2024

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 23, 2025 at 12:08 P.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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