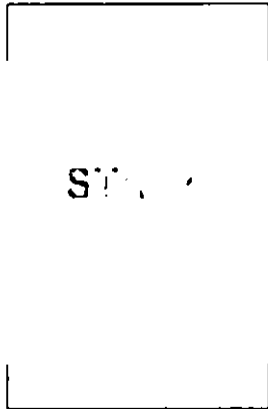




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Certificate of Authority
 FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

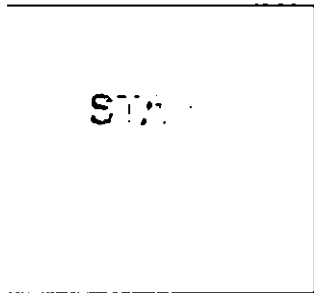
Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

| | | |
|---|------------------------------|--------------------------|
| 1. The name of the corporation is: | | |
| 1 \$ Wiser Consumer Education, Inc. | | |
| 1a. The name, if different, which it elects to use in Rhode Island is: | | |
| *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. | | |
| 2. It is incorporated under the laws of: Texas | | |
| 3. The date of its incorporation is: 11/01/2010 | | |
| And the period of its duration is: CHECK ONLY ONE BOX | | |
| <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ | | |
| 4. The address of its principal place of business is: 1400 Preston Rd, Ste 499, Plano, TX 75093 | | |
| 5. The name and address of the initial registered agent/office in Rhode Island is: | | |
| Agent Name Registered Agents Inc. | | |
| Street Address (NOT a P.O. Box) One Richmod Square, Ste 125B | | |
| City/Town Providence | State RHODE ISLAND | Zip Code 02906 |

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 BUS SVCS DIV
 2020 MAY 19 AM 11:50

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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6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:

The nonprofit corporation is organized for the following purposes:

1. Consumer credit education.
2. Counseling on consumer credit problems and family budgets.
3. Provide debtor financial management education.

Check the box to indicate an attachment

7. The names and respective addresses of its directors and officers are:

| OFFICE | NAME | ADDRESS |
|----------------|-------------------|---|
| Director | Art Basmajian | 1400 Preston Rd, Ste 499, Plano, TX 75093 |
| Director | Elizabeth Hubbard | 1400 Preston Rd, Ste 499, Plano, TX 75093 |
| Director | Derick Avilleza | 1400 Preston Rd, Ste 499, Plano, TX 75093 |
| President | | |
| Vice President | David Alecock | 1400 Preston Rd, Ste 499, Plano, TX 75093 |
| Treasurer | Chandler Bolt | 1400 Preston Rd, Ste 499, Plano, TX 75093 |
| Secretary | Chandler Bolt | 1400 Preston Rd, Ste 499, Plano, TX 75093 |

Check the box to indicate an attachment

8. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of President OR Vice President
David Alecock

Date
05/08/2020

Signature of President OR Vice President

Type of Print Name of Secretary OR Assistant Secretary
Derick Avilleza

Date
05/08/2020

Signature of Secretary OR Assistant Secretary



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 1 \$ Wisser Consumer Education, Inc. (file number 801338010), a Domestic Nonprofit Corporation, was filed in this office on November 01, 2010.

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 May 04, 2020.




Ruth R. Hughs
Secretary of State

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, 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 19, 2020 11:50 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

