



State of Rhode Island  
**Department of State - Business Services Division**

**Certificate of Registration**

FOREIGN Limited Partnership

→ Filing Fee: \$100.00 minimum

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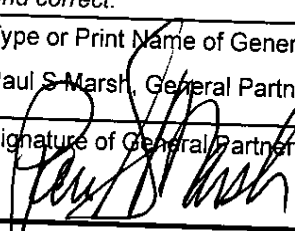
Pursuant to the provisions of RIGL 7-13-49, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited partnership is:		
Encompass Lending Group, LP		
The name, if different, which it elects to use in Rhode Island is:		
2. The limited partnership is organized under the laws of:	3. The date of its formation is:	
Texas	04/25/2008	
4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Mortgage Broker / Lender		
5. The name and address of the registered agent/office in Rhode Island is:		
Agent Name Registered Agent Solutions, Inc.		
Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
6. The Department of State is appointed the agent of the foreign limited liability partnership for service of process if, at any time, there is no registered agent or if the registered 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 partnership is:		
23108 Seven Meadows Parkway, Suite 100 Katy, TX 77494		

**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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8. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
Encompass Lending Management, LLC	23108 Seven Meadows Parkway, Suite 100 Katy, TX 77494	
9. The address of the office at which is kept a list of the names and addresses of the limited partners and their capital contributions, together with an undertaking by the foreign limited partnership to keep those records until the foreign limited partnership's registration in this state is cancelled or withdrawn is: 23108 Seven Meadows Parkway, Suite 100 Katy, TX 77494		
10. The mailing address for the foreign limited partnership is:		
Address 23108 Seven Meadows Parkway, Suite 100		
City/Town Katy	State TX	Zip Code 77494
11. 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.		
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Registration of a Foreign Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Type or Print Name of General Partner Paul S Marsh, General Partner	Date 7/12/2021	
Signature of General Partner 		

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](mailto:corporations@sos.ri.gov).

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jose A. Esparza  
Deputy Secretary of State

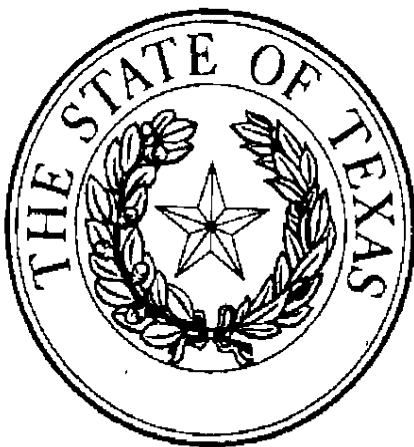
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Encompass Lending Group, LP (file number 800969667), a Domestic Limited Partnership (LP), was filed in this office on April 25, 2008.

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 July 12, 2021.



A handwritten signature in black ink, appearing to read "Jose A. Esparza".

Jose A. Esparza  
Deputy Secretary of State



State of Rhode Island  
**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,  
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:

July 14, 2021 10:56 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

