



State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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CORPORATIONS DIV
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**Application for Certificate of Authority
Foreign Business Corporation**
Filing and License 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: | |
| Synergetic Communication, Inc. | |
| 2. It is incorporated under the laws of: | Texas |
| 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: | 1/8/1996 |
| 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 _____ | |
| 5. The address of its principal office is: | |
| 5450 NW Central, Ste. 220, Houston, TX 77092 | |

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| | | |
|--|------------------------------|--------------------------|
| 6. The name and address of the initial registered agent/office of in Rhode Island: | | |
| Agent Name C T Corporation System | | |
| Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A | | |
| City/Town East Providence | State RHODE ISLAND | Zip Code 02914 |

| |
|--|
| 7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: |
| Debt Collection |


| 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 |
| Michael Orlando | 5450 NW Central, Ste. 220, Houston, TX 77092 |
| | |
| | |
| | |

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 | Michael Orlando | 5450 NW Central, Ste. 220, Houston, TX 770 |
| VICE PRESIDENT | N/A | N/A |
| TREASURER | N/A | N/A |
| SECRETARY | Michael Orlando | 5450 NW Central, Ste. 220, Houston, TX 770 |

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 | N/A | 1.00 |
| | | | |
| | | | |
| | | | |

| | | |
|--|--|--------|
| 10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located: | | |
| \$ 1.2 Million | | |
| (b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year: | | |
| \$ 0 | | |
| (c) Estimate, as a percentage , 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. <i>Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.</i> | | |
| 0 % | | |
| 11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year. | | |
| \$ 6.5 Million | | |
| (b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year. | | |
| \$ 0 | | |
| (c) Estimate, as a percentage , 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. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i> | | |
| 0 % | | |
| 12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document. | | |
| 13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX | | |
| <input checked="checked" type="checkbox"/> Date received (Upon filing) | | |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____ | | |
| 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. | | |
| Signature of Authorized Officer of the Corporation | Type or Print Name of Authorized Officer | Date |
|  | Jennifer Cleveland, Attorney-In-Fact | 6-3-16 |

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.

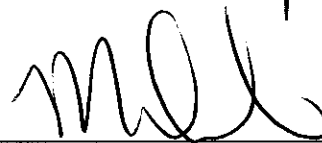
Collectors Insurance Agency, Inc.
Power of Attorney

NOTICE IS HEREBY GIVEN THAT Synergetic Communication, Inc., ("Entity") an entity organized under the laws of Texas, does hereby appoint, Angela Butera, Janis St. Martin, Jennifer Cleveland, Lisa M. Eubanks, while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein.

The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to file qualifications, certificates of authority, registrations, business registrations, licenses, permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 17th day of May, 2016.



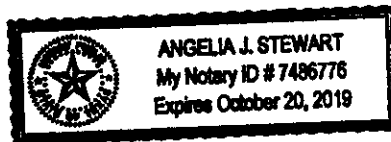
Signature of Authorized Entity Representative

Michael Orlando, Pres/CEO/Secy/Dir/Owner

Print Name and Title

Sworn to and subscribed before me
this 18th of May, 2016

Notary Public, State of Texas
Commission Expires: October 20, 2019



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



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for SYNERGETIC COMMUNICATION, INC. (file number 138240800), a Domestic For-Profit Corporation, was filed in this office on January 08, 1996.

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 June 03, 2016.

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A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State



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:

Nellie M. Gorbea
Secretary of State

