



State of Rhode Island
Department of State - Business Services Division

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 BUS SVCS DIV
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Notice of Registration
 FOREIGN Limited Liability Partnership
 → Filing Fee: \$1,000.00

The undersigned, foreign registered limited liability partnership in accordance with RIGL 7-12-59, submits notice of its intent to transact business in the State of Rhode Island and for that purpose makes the following statement:

1. The name of the foreign limited liability partnership shall be:		
Horne LLP		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is:		
Delaware		
3. The address of the principal office is:		
Address 661 Sunnybrook Rd, Ste 100		
City/Town Ridgeland	State MS	Zip Code 39157
4. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Capitol Corporate Services, Inc		
Street Address (NOT a P.O. Box) 222 Jefferson Blvd, Ste 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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 FORM 550 - Revised 08/2020

5. The name and address of all resident partners in Rhode Island is:

NAME	ADDRESS

Check the box to indicate an attachment

6. A brief statement of the business in which the partnership is engaged:

Horne offers a range of outsourced accounting, financial operation consulting and business strategy solutions

Check the box to indicate an attachment

7. Any other information that the partnership determines to include:

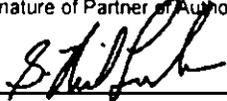
Check the box to indicate an attachment

8. The partnership is a Registered Limited Liability Partnership. The notice shall be effective for 2 (two) years from the date of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for filing a new notice.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Partner or Authorized Representative	Date
S. Neil Forbes	6/8/22

Signature of Partner or Authorized Representative



Type or Print Name of Partner	Date
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Signature of Partner

Type or Print Name of Partner	Date
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Signature of Partner

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HORNE LLP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HORNE LLP" WAS FORMED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2004.



3879341 8300

SR# 20222658908

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203625939

Date: 06-08-22



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:

June 09, 2022 12:13 PM

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

Nellie M. Gorbea
Secretary of State

