



State of Rhode Island
Office of the Secretary of State

Fee: \$150.00

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

Foreign Limited Liability Company
Application for Registration

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: Encompass Recovery Group LLC

Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.

Check if this company is organized in its state or country of formation as a low-profit limited liability company.

ARTICLE II

The name, if different, under which it proposes to register and transact business in Rhode Island is:

ARTICLE III

The Limited Liability Company is organized under the laws of: State: FL Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date: 02/03/2023

ARTICLE IV

The date of its organization is: 2/7/2017

ARTICLE V

The period of its duration is: Perpetual

ARTICLE VI

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 47 WOOD AVE.
STE 2

City or Town: BARRINGTON

State: RI Zip: 02806

Name: REGISTERED AGENTS INC

Article VII

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

CONSUMER DEBT MANAGEMENT

ARTICLE VIII

The Rhode Island Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 4000 HOLLYWOOD BLVD

SUITE 555-S

City or Town: HOLLYWOOD

State: FL

Zip: 33021

Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 4000 HOLLYWOOD BLVD

SUITE 555-S

City or Town: HOLLYWOOD

State: FL

Zip: 33021

Country: USA

ARTICLE XI

The limited liability company is to be managed by its Members or X Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CHRISTINA DIAZ	4000 HOLLYWOOD BLVD, SUITE 555-S HOLLYWOOD, FL 33021 USA

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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 3 Day of February, 2023 at 5:25:47 PM by the Authorized Person.

CHRISTINA DIAZ

Form No. 450
Revised 09/07

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State of Florida

Department of State

I certify from the records of this office that ENCOMPASS RECOVERY GROUP LLC is a limited liability company organized under the laws of the State of Florida, filed on February 7, 2017, effective February 7, 2017.

The document number of this limited liability company is L17000029887.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on January 30, 2023, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Thirtieth day of January, 2023*




Secretary of State

Tracking Number: 2255283898CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

February 03, 2023 05:24 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

