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State of Rhode Island
Department of State - Business Services Division

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FOR SECRETARY OF STATE USE ONLY

Statement of Registration

FOREIGN Limited Partnership

→ Filing Fee: $100.00 minimum

Pursuant to the provisions of RIGL 7-13.1-1003, 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:
FMA Alliance, Ltd.
The name, if different, which it elects to use in Rhode Island is:
FMA Alliance, Limited Partnership

2. The limited partnership is organized under the laws of:	3. The date of its formation is:
Texas	12/09/1999

4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
Debt Collection
5. The name and address of the registered agent/office in Rhode Island is:
Agent Name C T Corporation System
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A

City/Town	State	Zip Code
East Providence	RHODE ISLAND	02914

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.

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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JUN 02 2025
BY

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FORM - 350 Revised: 12/2023

7. The address, if applicable, of the office required to be maintained in the state or country of its organization is:

12339 Cutten Rd., Houston, TX 77066

8. The name and business address of each general partner is:

GENERAL PARTNER	BUSINESS ADDRESS
FMA Management, Inc.	12339 Cutten Rd Houston, TX 77066

9. The address of the foreign limited partnership's principal place of business is:

Address: 12339 Cutten Road

City/Town	State	Zip Code
Houston	TX	77066

10. 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 filing.

11. Date when this Statement of Registration for a limited partnership will be effective: **CHECK ONE BOX ONLY**

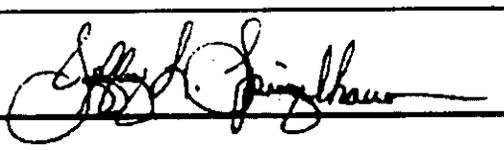
X Date recieved (upon filing)

Later effective date (date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Statement of Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of General Partner	Date
Jeffery Spiegelhauer of FMA Management, Inc.	5/23/2025

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.

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

Jane Nelson
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, Certificate Of Limited Partnership for FMA ALLIANCE, LTD. (file number 12794210), a Domestic Limited Partnership (LP), was filed in this office on December 10, 1999.

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 23, 2025.

Jane Nelson
Secretary of State

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:

June 02, 2025 01:50 PM

Gregg M. Amore
Secretary of State