



State of Rhode Island and Providence Plantations
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:		
Whitley Penn 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:		
Texas		
3. The address of the principal office is:		
Address 1400 W 7th Street Ste 400		
City/Town Fort Worth	State TX	Zip Code 76102
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 URS Agents, LLC		
Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 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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 BY 34769
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 FORM 550 - Revised: 08/2016



5. The name and address of all resident partners in Rhode Island is: **N/A**

NAME	ADDRESS

Check the box to indicate an attachment.

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

Primarily engaged in providing services such as auditing of accounting records, designing accounting systems, preparing financial statements, developing budgets, preparing tax returns, processing payrolls, bookkeeping and billing.

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 James C. Penn	Date 09/29/17
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Signature of Partner 	SIGN DOCUMENT HERE
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Type or Print Name of Partner	Date
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Signature of Partner	SIGN DOCUMENT HERE
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Type or Print Name of Partner	Date
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Signature of Partner	SIGN DOCUMENT HERE
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Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Rolando B. Pablos
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, Registration of a Limited Liability Partnership for Whitley Penn LLP (file number 800614949), a Domestic Limited Liability Partnership (LLP), was filed in this office on February 17, 2006.

It is further certified that the entity status in Texas is in existence.

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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 August 31, 2017.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos
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:

October 13, 2017 10:35 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

