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(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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SECRETARY OF STATE
SECRETARY FIORID.



#### **COVER LETTER**

10:	Division of Co					
SUB	JECT:	Fam	ily Budget S	ervices, Inc.		
30		Name of Cor	poration – must i	nclude suffix		
Dear	Sir or Madam:					
: "Cert	ificate of Existence		ood Standing" an		tion to Conduct its Affairs in Florida", nitted to register the above referenced	
Pleas	e return all çorresp	oondence concerning th	his matter to the f	ollowing:		
W.		Warren Lockie				
A. CAR		Name of Person				
~ 1 <u>(</u>						
. • •		F	Family Budget Services, Inc.			
			Firm/Co	npany		
	•		3531 SW 15	5th Court		
'n <sup>3</sup> "			Addr	ess		
			ort Lauderdal		· · · · · · · · · · · · · · · · · · ·	
s ku			City/State and	Zip Code		
Ž <sub>ara</sub> e e e e e e e e e e e e e e e e e e e		1871 1				
Section 1	P.m.	WLOCI ail address: (to be used	kie@myFBSI.c		ion)	
a sa	D-1113	an address: (to be used	i for future annua	и герогі поппсаі	ion)	
For fi	urther information	concerning this matter	. please call:			
			,			
r F	144			20.4	0004	
		Lockie of Person	_ at ( 754	) 234	-3981 ephone Number	
ម៉ .	name o	1 Person	Area Cod	e & Daytime Tel	epnone Number	
*nį	MAILING AD New Filing Sect			STREET/CO New Filing Se	URIER ADDRESS:	
	Division of Corporations			Division of Corporations		
N.	P.O. Box 6327			Clifton Building		
ņ* .	Tallahassee, FL 32314			2661 Executive Center Circle		
yare. ¥ Men at t				Tallahassee, F	L 32301	
Enclo	sed is a check for	the following amount:				
" ਂਜ਼ਾ ¢	70.00 Filing Fee	\$78.75 Filing Fee	& 7 \$78.75	Filing Fee &	\$87.50 Filing Fee,	
. ∐ *	, 0.50 1 mig 1 <b>cc</b>	Certificate of Statu	_	ed Copy	Certificate of Status &	

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1.	Family Budget pration: must include the word "INCORPORATE	Services, Inc	5.					
(Name of corpo import in langu- in the name at p	oration: must include the word "INCORPORATE! age as will clearly indicate that it is a corporation oresent. "Company" or "Co." may not be used as a	O" or "CORPORA'I instead of a natural corporate suffix by	TON" or words or abb person or partnership a nonprofit corporation	if not so contained on.)				
2. <u>(State or con</u>	Illinois, USA 3ntry under the law of which it is incorporated)	7001.	36-4254969					
<u> </u>	09/17/1998 5. Date of Incorporation)	(Duration: Year co	orp. will cease to exist	or "perpetual")				
6. (Data first sond	Not applicable  Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)							
	, ,			, ,				
7	. 3531 SW 15th Court, Fort Lauderdale, FL 33312 (Principal office address)							
	` '	,						
	3531 SW 15th Court, Fort	Lauderdale, FL	_ 33312					
	(02.10.11							
8. To perform	credit counseling, debt management	, financial educ	cation & other rela	ated services				
(Purpose(s) of	corporation authorized in home state or country to	be carried out in the	ne state of Florida)	<del></del>				
9. Name and str	eet address of Florida registered agent: (P.O.	Box <u>NOT</u> accepta	able)	TI SEP				
Name:	Warren Lockie	_		20				
	3531 SW 15th Court			TALLAHASSEE, FLORID				
	Fort Lauderdale (City)	. Florida	33312	RE 33				
	(City)	, <del></del>	(Zip Code)	D.				
Having been na designated in th	agent's acceptance: med as registered agent and to accept servic is application, I hereby accept the appointm	ent as registered i	agent and agree to d	act in this capacity. I				
further agree to and I am famili	comply with the provisions of all statutes re ar with and accept the obligations of my pos	lative to the propo ition as registered	er and complete per d agent.	formance of my duties				

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

·12. Names and addresses of officers and/or directors:

## FILED

## A. DIRECTORS 11 SEP 20 PM 2: 39

Chairman: Warren Lockie	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Address: 3531 SW 15th Court, Fort Lauderdale, FL 333	112 FLORIDA
Vice Chairman:	
Address:	
Director: Teresa Gohagen	
Address: 3531 SW 15th Court, Fort Lauderdale, FL 333	312
Director: Paul Henderson	
Address: 3531 SW 15th Court, Fort Lauderdale, FL 333	112
B. OFFICERS  President: Warren Lockie	
Address: 3531 SW 15th Court, Fort Lauderdale, FL 333	312
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application	cation listing additional officers and/or directors.
13	in the discount of 12 and the contract of
(Signature of Chairman, Vice Chairman, or any office	
14. Warren Loc (Typed or printed name and capacity o	



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

FAMILY BUDGET SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 17, 1998, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROPIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1125701303 Verify at www.cyberdriveillinois.com

#### In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH

day of S

SEPTEMBER

A.D.

2011

Desse White

SECRETARY OF STATE