

F170000005103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

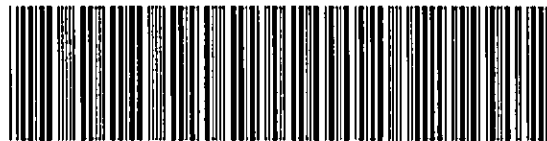
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

cert

W17-88208

Office Use Only



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17 NOV -9 PM 1:58  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

NOV 14 2017

November 8, 2017

A Debt Coach

PO BOX 131208

Carlsbad, CA. 92013

Dear Ms Warren:

This is Joanne Niffenegger regarding registering a non profit foreign Corporation in the State of Florida. I submitted my information on October of 2017. It states it is not complete and when I called Customer Service for the State of Florida they told me they are missing the good standing document from my original State. I am attaching this to this letter. Please let me know if you need anything else and when I can expect this registration to be complete.

A handwritten signature in black ink, consisting of a large, stylized 'J' followed by a horizontal line.

Joanne Niffenegger

A Debt Coach

(626)221-7000

2017 NOV 13 PM 8:49



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2017

JOANN NIFFENEGGER  
17520 W 12 MILE RD, SUITE 250  
SOUTHFIELD, MI 48076-2900

SUBJECT: A DEBT COACH CREDIT COUNSELING SERVICE, INC.  
Ref. Number: W17000088208

We have received your document for A DEBT COACH CREDIT COUNSELING SERVICE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 917A00022319

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** National Debt Management, Inc.  
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Joann Niffenegger  
Name of Person

National Debt Management, Inc.  
Firm/Company

17520 W 12 Mile Rd Suite 250

Address

Southfield, MI 48076-2900  
City/State and Zip Code

jniff@caprocessing.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne Niffenegger at (951) 264-4567  
Name of Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. A Debt Coach Credit Counseling Service, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated: (FEI number, if applicable))

4. 5/18/1992 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/1/2017  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 71 Cavalier ST #224, Florence, KY 41042  
(Principal office address)

P. O. Box 131208, Carlsbad, CA 92013  
(Current mailing address, if different)

8. Financial Education and credit Counseling  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

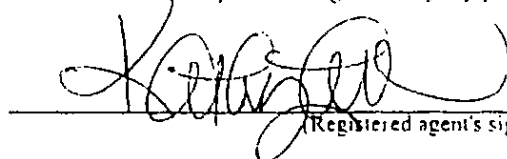
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.  
Office Address: 17888 67<sup>th</sup> Court North  
Loxahatchee, Florida 33470  
(City) (Zip Code)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



Kathy Shin on behalf of InCorp Services, Inc.

(Registered agent's signature)

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.

## 12. Names and addresses of officers and/or directors

## A. DIRECTORS

Chairman: Sam GeorgesAddress: 16310 W. 12 Mile Rd Suite 250, Southfield, MI 48076-2900

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: Sam GeorgesAddress: 17520 W. 12 Mile Rd, #250, Southfield, MI 48076-2900Vice President: Cindy VillaumeAddress: P.O. Box 131203, Carlsbad, CA 92013Secretary: Madison TenagliaAddress: 3824 Calle Tiburon, San Clemente, CA 92672

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Sam Georges

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sam Georges Chairman

(Typed or printed name and capacity of person signing application)

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17 NOV -9 PM 1:58  
CLERK OF DISTRICT COURT  
SOUTHFIELD, MI 48076

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities: that said records show A DEBT COACH CREDIT COUNSELING SERVICE, INC., an Ohio not for profit corporation, Charter No. 820368, having its principal location in Franklin, County of Butler, was incorporated on May 18, 1992 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of September, A.D. 2017.*

*Jon Husted*

Ohio Secretary of State

Validation Number: 201726903112