

FO1000005287

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000105934 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : ENGLISH, MCCAUGHAN & O'BRYAN, P.A.
Account Number : 076067004147
Phone : (954) 462-3300
Fax Number : (954) 763-2439

01 OCT 10 PM 1:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FOREIGN NON-PROFIT QUALIFICATION

Consumer Debt Counseling, Inc.

FQ (CNP) meal

Name	
Availability	
Document Examiner	Uelt
Updater	
Uploader	
Verifier	
Acknowledgement	
N. P. Verifier	

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

FF \$70.00
CC 8.75

Uelt
10/17

FAX AUDIT NO. H01000105934

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. Consumer Debt Counseling, 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.)
2. Delaware
(State or country under the law of which it is incorporated)
3. 52-2339728
(FEI number, if applicable)
4. 7/18/96
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. October 1, 2001
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 617.155, F.S.)
7. 2645 Executive Park Drive, Suite 404, Fort Lauderdale, FL 33331
(Principal office address)
- 2645 Executive Park Drive, Suite 404, Fort Lauderdale, FL 33331
(Current mailing address)

8. Debt 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 or Mail Drop Box NOT acceptable)

Name: Daniel FellerOffice Address: 2645 Executive Park Drive, Suite 404Fort Lauderdale
(City)Florida33331

(Zip Code)

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.



(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.

FAX AUDIT NO. H01000105934

01 OCT 10 PM 1:46
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

FAX AUDIT NO. H01000105934

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Daniel FellerAddress: 382 Carrington Drive
Weston, FL 33326

Director: _____

Address: _____

B. OFFICERS

President: Daniel FellerAddress: 382 Carrington Drive
Weston, FL 33326

Vice President: _____

Address: _____

Secretary: Daniel FellerAddress: 382 Carrington Drive, Weston, FL 33326Treasurer: Daniel FellerAddress: 382 Carrington Drive, Weston, FL 33326

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

13. Daniel Feller
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Daniel Feller, President
(Typed or printed name and capacity of person signing application)

FAX AUDIT NO. H01000105934

FAX AUDIT NO. H01000105934

State of Delaware
Office of the Secretary of State

PAGE 1

I, HARRIST SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF INCORPORATION OF "CONSUMER DEBT COUNSELING, INC.", WAS RECEIVED AND FILED IN THIS OFFICE THE EIGHTEENTH DAY OF JULY, A.D. 1996.

AND I DO FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS A NON-PROFIT AND NON-STOCK CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONSUMER DEBT COUNSELING, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JULY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FAX AUDIT NO. H01000105934



Harrist Smith Windsor
Harrist Smith Windsor, Secretary of State

2644691 8300C

AUTHENTICATION: 1390632

010511518

DATE: 10-15-01