

F02000005883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

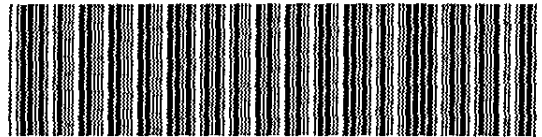
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

789,644, 671

Office Use Only

W02-32402  
11/26  
not



800008844708

11/08/02--01063--001 \*\*78.75



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

November 13, 2002

JAMES W. HAYS  
3310 HENDERSON MILL ROAD STE. 230  
ATLANTA, GA 30341

SUBJECT: SOUTHEASTERN ASSOCIATION OF CREDIT MANAGEMENT,  
INC.  
Ref. Number: W02000032402

We have received your document for SOUTHEASTERN ASSOCIATION OF CREDIT MANAGEMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 202A00061580

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Southeastern Association of Credit 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", 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:

James W. Hays

(Name of Person)

Hays & Potter, P.C.

(Firm/Company)

3310 Henderson Mill Road, Suite 203

(Address)

Atlanta, GA 30341

(City/State and Zip Code)

For further information concerning this matter, please call:

James W. Hays  
(Name of Person)

at ( 770 ) 934-8858  
(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399


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

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Southeastern Association of Credit Management, 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. Georgia  
(State or country under the law of which it is incorporated)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. 5-17-2002  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 3700 Crestwood Parkway, Suite 1060, Duluth, GA 30096  
(Principal office address)  
3700 Crestwood Parkway, Suite 1060, Duluth, GA 30096  
(Current mailing address)
8. To support, promote and facilitate the practice of extending secured or  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  
unsecured credit in commercial business.
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable).  
  
Name: Tony Hardister  
  
Office Address: 6290 Edgewater Drive  
  
Orlando, Florida 32810  
(City) (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.

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

A. DIRECTORS

Chairman: Michael Ryan

Address: 3700 Crestwood Parkway, Suite 1060  
Duluth, GA 30096

Vice Chairman: Tony Hardister

Address: 6290 Edgewater Drive  
Orlando, FL 32810

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

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

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

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

B. OFFICERS

President: Michael Ryan

Address: 3700 Crestwood Parkway, Suite 1060  
Duluth, GA 30096

Vice President: \_\_\_\_\_

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

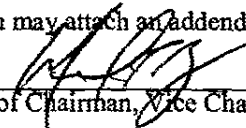
Secretary: Tony Hardister

Address: 6290 Edgewater Drive, Orlando, FL 32810

Treasurer: Michael Ryan

Address: 3700 Crestwood Parkway, Suite 1060, Duluth, GA 30096

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

# Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0225856  
DATE INC/AUTH/FILED: 05/17/2002  
JURISDICTION : GEORGIA  
PRINT DATE : 10/18/2002  
FORM NUMBER : 211

HAYS & POTTER, P.C.  
JAMES W. HAYS  
3310 HENDERSON MILL ROAD  
SUITE 203  
ATLANTA, GA 30341

## CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

**SOUTHEASTERN ASSOCIATION OF CREDIT MANAGEMENT, INC.**  
**A GEORGIA NON-PROFIT CORPORATION**

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20021018151818364



Cathy Cox  
Secretary of State