(Req	uestor's Name)	<del></del>
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(City)	/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bus	iness Entity Name)	· · · · · · · · · · · · · · · · · · ·
(Doc	ument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	- Certificates of	Status
Special Instructions to Fi	iling Officer:	,0°

Office Use Only



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FILED

2010 FEB -9 P 4: 32

SECRETARY OF STATE
SECLAHASSEE, FLORIO





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 18, 2009

MENDY FORBES FORBES & NEWHARD 7505 TIFFANY SPRINGS PKWY., #520 KANSAS CITY, MO 64153

SUBJECT: FORBES & NEWHARD CREDIT SOLUTIONS, INC.

Ref. Number: W09000054859

We have received your document for FORBES & NEWHARD CREDIT SOLUTIONS, 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):

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 complete the enclosed application and resubmit.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of 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) 245-6995.

Wanda Cunningham Regulatory Specialist II New Filing Section

Letter Number: 609A00038538

### **COVER LETTER**

TO: New Filing Section Division of Corporations
Fachac & Namhard Predit Solutions 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 "Cerificate of Good Standing" 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:
Christy Estes Name of Person
Name of Person
Forbes & Newhard Credit Solutions, Inc.
7505 Tiffany Springs Parkway, Suite 520
Kansas City, Missouri 64153
ARE TER
City/State and Zip Code
Chystate and Zip Code
Cestes 37 Quanto Lom  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Misty Estes  at (816) 442-7036  Area Code & Daytime Telephone Number
MAILING ADDRESS: New Filing Section  STREET/COURIER ADDRESS: New Filing Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\bigcup \frac{1}{2} \\$78.75 Filing Fee & \bigcup \\$78.75 Filing Fee & \bigcup \\$87.50 Filing Fee, Certificate of Status & Certified Copy 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. Forbes & Newhard Credit Solutions, 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. Missouri 3. 42-1765873
2. Missouri (State or country under the law of which it is incorporated)  4. May 27th - 2008 (Date of Incorporation)  5. (Duration: Year corp. will cease to exist or "perpetual")
6. Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 7505 Tiffany Springs Parkway, Ste. 520 Kansas City, Mo.
7. 7505 Tiffany Springs Parkway, Ste. 520 Kansas City, Mo. (Brincipal office address) 64153 (Current mailing address) Lansas City, Mo 64153
8. Credit Couseling / Debtor Education for bankruptry filers.  (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: ROSE Mincey  Office Address: 85 69 SW 22 Court  Name: Street address of Florida registered agent: (F.O. Box NOT acceptable)  ARE ARE RESTOR SW 22 Court  Note and street address of Florida acceptable)  Fig. 17  (City)  Name: 700 SE Mincey  ARE RESTOR SW 22 Court  (City)  Florida 33027 ESTATE  (Zip Code) RATE  Water address of Florida acceptable)
Office Address: 8569 SW 22 Court
Mirangr , Florida 33027 SATE (City) , Florida (Zip Code) RATE SATE SATE SATE SATE SATE SATE SATE S
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
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 und 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:
12. Names and addresses of officers and/or directors:  A. DIRECTORS  Chairman: Mendy Read - Forbes  Address: 13070 Ridaeview Dr.
Chairman: Mendy Read-Forbes
Address: 13070 Ridgeview Dr.
Platte City, Mo. 64079
Vice Chairman: Bran Forbes
Address: 13070 Ridgeriew Dr.
Platte City, Mo. 64079
Director: CMNSty EStes
Address: 13070 RIAGENIEW Dr.
Platte City, Mo. 64079
Director:
Address:
B. OFFICERS
President: Menay Kead - Torbes
Address: 12010 FINGLYIW DY.
Plane City, Mov. 4901
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. President - Mendy Forbes
(Typed or printed name and capacity of person signing application)

# STATE OF MISSOURI



Robin Carnahan Secretary of State 2010 FEB - 9 P 4: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

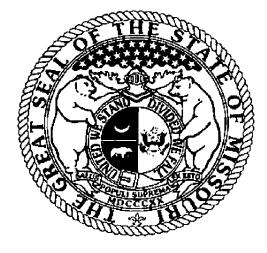
## FORBES & NEWHARD CREDIT SOLUTIONS, INC. N00898616

was created under the laws of this State on the 27th day of May, 2008, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 5th day of January, 2010

Rolin Camahan

Secretary of State



Certification Number: 12413212-1 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification