

**F180000004703**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

**Please retain original filing  
date of submission 10/19**

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

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

**FOREIGN PROFIT/NONPROFIT CORPORATION**

Association of Chartered Certified Accountants - US Center, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	08/4
Estimated Charge	\$70.00

10 OCT 19 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

10 OCT 26 PM 3:39

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**MRS 10/27**  
10/19/2010



October 20, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ASSOCIATION OF CHARTERED CERTIFIED ACCOUNTANTS-US CENTER, INC.  
REF: W10000049337

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a Foreign Profit Corporation but your entity is a Foreign Non-Profit Corporation as reflected in the Certificate of Status.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H10000228604  
Letter Number: 110A00024806

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Association of Chartered Certified Accountants - US Center, 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 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:

Patricia Limoges

Name of Person

Association of Chartered Certified Accountants - US Center, Inc.

Firm/Company

150 East 52nd Street, 19th Floor

Address

New York, NY 10022

City/State and Zip Code

pestarkman@arnstein.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Limoges

Name of Person

at (

212

)

310-0105

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

New Filing 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. Association of Chartered Certified Accountants - US Center, 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. California 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 15, 1987 5. Perpetual  
(Date of Incorporation) (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. 150 East 52nd Street, Suite 19002, New York, NY 10022  
(Principal office address)
- 150 East 52nd Street, Suite 19002, New York, NY 10022  
(Current mailing address)
8. Accounting  
(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: C T Corporation System
- Office Address: 1200 South Pine Island Road
- Plantation, Florida 33324  
(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.*

C T Corporation System  
By: James M. Halpin James M. Halpin  
(Registered agent's signature) Assistant Secretary

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.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

10 OCT 19 AM 11:07

**A. DIRECTORS**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Chairman: Paul Costello

Address: 150 East 52nd Street, Suite 19002

New York, NY 10022

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

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

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

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

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

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

**B. OFFICERS**

President: Paul Costello

Address: 150 East 52nd Street, Suite 19002

New York, NY 10022

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

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

Secretary: Patricia Limoges

Address: 150 East 52nd Street, Suite 19002

Treasurer: New York, NY 10022

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

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

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

14. Paul Costello, President  
(Typed or printed name and capacity of person signing application)

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**FILED**

**10 OCT 19 AM 11:07**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**ENTITY NAME:**

**ASSOCIATION OF CHARTERED CERTIFIED ACCOUNTANTS - US CENTER**

**FILE NUMBER: C1396775  
FORMATION DATE: 01/15/1987  
TYPE: DOMESTIC NONPROFIT CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)**

**I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:**

**The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.**

**No information is available from this office regarding the financial  
condition, business activities or practices of the entity.**



**IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of October 18, 2010.**

*Debra Bowen*

**DEBRA BOWEN  
Secretary of State**