

F11000004433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2011

JARED PAGE  
URGENT CREDIT COUNSELING  
296 EDINGTON CIRCLE  
CANTON, MI 48187

SUBJECT: URGENT CREDIT COUNSELING INCORPORATED  
Ref. Number: W11000038556

We have received your document for URGENT CREDIT COUNSELING INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

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) 245-6901.

Pamela Smith  
Regulatory Specialist II

Letter Number: 911A00017376

## COVER LETTER

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

**SUBJECT:** URGENT CREDIT COUNSELING, 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:

JARED PAGE

Name of Person

URGENT CREDIT COUNSELING

Firm/Company

296 EDINGTON CIRCLE

Address

CANTON, MI 48187

City/State and Zip Code

JARED@URGENTCO.COM

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

For further information concerning this matter, please call:

JARED PAGE

Name of Person

at ( 734 ) 552-6551

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. URGENT CREDIT 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. OREGON 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. NOVEMBER 24, 2009 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. 10121 SE SUNNYSIDE DR, #300 CLACKAMAS, OR 97015  
(Principal office address)

10121 SE SUNNYSIDE DR, #300 CLACKAMAS, OR 97015  
(Current mailing address)

8. THE PURPOSE FOR WHICH THE CORPORATION WAS FORMED IS TO PROVIDE MANDATORY PRE-BANKRUPTCY CREDIT COUNSELING TO INDIVIDUAL BANKRUPTCY FILERS NATIONWIDE AND IN THE STATE OF FLORIDA.  
(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: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301  
(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.

NRAI Services, Inc.

By: Norine Nagel

(Registered agent's signature)

-Norine Nagel-Asst. 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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12. Names and addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: James Sunderland

Address: 3202 SE Hall Ct.

Troutdale, OR 97060

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

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

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

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

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

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

**B. OFFICERS**

President: John Petshow

Address: 10121 SE Sunnyside Rd., #30

Clackamas, OR 97015

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

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

Secretary: David Goike

Address: 19234 Chelton Dr. Beverly Hills, MI 48025

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

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

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

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

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

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CERTIFICATE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

**URGENT CREDIT COUNSELING, INC.**

was

incorporated

under the Oregon

**Nonprofit Corporation Act**

on

**November 24, 2009**

and is active on the records of the Corporation Division as of  
the date of this certificate.

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In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.

KATE BROWN, Secretary of State

By Mikelle Kemper  
Mikelle Kemper  
September 27, 2011