

F12000004489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

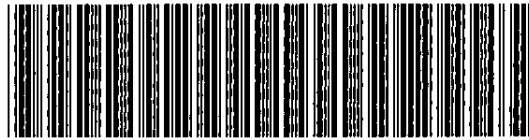
(Business Entity Name)

(Document Number)

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

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12 NOV -2 PM 12:12  
TALLAHASSEE, FL 32304

11/05/12

## COVER LETTER

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

**SUBJECT:** Financial Help Services, 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:

Andrea Heredia

Name of Person

Financial Help Services, Inc.

Firm/Company

9045 La Fontana Blvd.

Suite 112-4

Address

Boca Raton, FL. 33434

City/State and Zip Code

compliance@myfhs.org

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

For further information concerning this matter, please call:

Matthew Lerner

Name of Person

at ( 954 )

825-0933

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

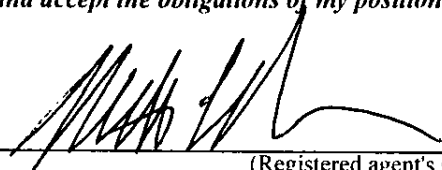
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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. Financial Help Services, 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. Arkansas 3. 100097226  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/18/1990 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. 1501 N. University Avenue, Ste. 764, Little Rock, AR 72207  
(Principal office address)  
1501 N. University Avenue, Ste. 764, Little Rock, AR 72207  
(Current mailing address)
8. debt management  
(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: Matthew Lerner  
Office Address: 9045 La Fontana Blvd., Ste. 112-4  
Boca Raton, Florida 33434  
(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.

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Rick Meyers

Address: 1501 N. University Avenue, Ste. 764

Little Rock, AR 72207

Vice Chairman: Manuel Heredia

Address: 1501 N. University Avenue, Ste. 764

Little Rock, AR 72207

Director: Andrea Heredia

Address: 1501 N. University Avenue, Ste. 764

Little Rock, AR 72207

Director: Andy Henderson

Address: 1501 N. University Avenue, Ste. 764

Little Rock, AR 72207

**B. OFFICERS**

President: Andrea Heredia

Address: 1501 N. University Avenue, Ste. 764

Little Rock, AR 72207

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

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

Secretary: \_\_\_\_\_

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

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

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

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

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

14. Andrea Heredia, President/Director  
(Typed or printed name and capacity of person signing application)



**Arkansas Secretary of State  
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

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FALLMADGE, JORDON  
11/1/12

**Certificate of Good Standing**

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**FINANCIAL HELP SERVICES, INC.**

authorized to transact business in the State of Arkansas as a Non-Profit Corporation, filed Articles of Incorporation in this office December 18, 1990.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 1st day of November 2012.

*Mark Martin*

Mark Martin

Secretary of State

Online Certificate Authorization Code: dc9d5e2a98341f9

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)