

F 14 6 6 0 0 0 3 5 2 1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

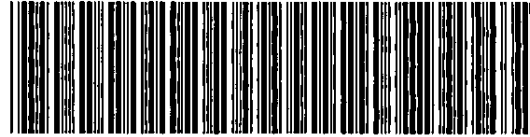
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
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8/22/14

## COVER LETTER

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

**SUBJECT:** Consumer Credit Counseling Service of Puerto Rico, 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 Status" 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:

Euribiades Cerrud II, Esq.

Name of Person

Pesquera, Cerrud & Birmingham, P.A.

Firm/Company

219 N. Magnolia Avenue

Address

Orlando, FL 32801

City/State and Zip Code

Euri@thePCBfirm.com

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

For further information concerning this matter, please call:

Euribiades Cerrud II, Esq. at ( 407 ) 545-5351

Name of Person

Area Code & Daytime Telephone Number

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

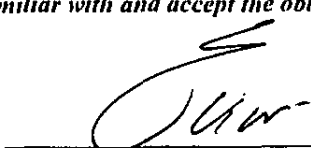
**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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. Consumer Credit Counseling Service of Puerto Rico, 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. Puerto Rico 3. 660471799  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 11, 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. 618 E. South Street, Suite 500, Orlando, FL 32801  
(Principal office address)  
618 E. South Street, Suite 500, Orlando, FL 32801  
(Current mailing address)
8. The mission of Consumer Credit Counseling Services of Puerto Rico, Inc. is to counsel and  
(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: Pesquera, Cerrud & Birmingham, P.A.  
  
Office Address: 219 N. Magnolia Avenue  
  
Orlando, Florida 32801  
(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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DIVISION OF CORPORATIONS  
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12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Rafael Llompарт

Address: Condominio Din, 1160 Ave. Magdalena, Apt. 4B  
San Juan, PR 00908

Vice Chairman: Jose J. Teruel

Address: Urb. Laderas de San Juan, 105 Calle Tamarindo  
San Juan, PR 00926

Director: Arturo Carrión

Address: 60 Washington, Apt. 603  
San Juan, PR 00907

Director: JosÉ R. Cestero

Address: Urb. BucarÉ, 7B Calle Amatista  
San Juan, PR 00969

**B. OFFICERS**

President: Eugenio M. Alonso

Address: The Coliseum Tower Residences, 576 Arterial Avenue, Apartment 2205  
San Juan, PR 00918

Vice President: Rafael Llompарт

Address: Condominio Din, 1160 Ave. Magdalena, Apt. 4B  
San Juan, PR 00908

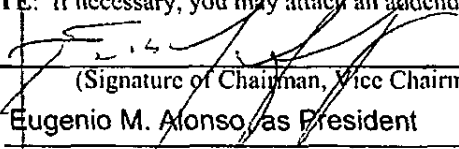
Secretary: James Arroyo

Address: 615 Calle Arecibo, Apt. 6A, San Juan, PR 00907

Treasurer: Francisco Marthez

Address: Urb. San Ignacio, 1818 Calle San Diego, San Juan, PR 00927

**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. Eugenio M. Alonso, as President  
(Typed or printed name and capacity of person signing application)



Estado Libre Asociado de Puerto Rico  
**DEPARTAMENTO DE ESTADO**  
San Juan, Puerto Rico

## CERTIFICADO DE EXISTENCIA

Yo, **DAVID E. BERNIER RIVERA**, Secretario de Estado del Estado Libre Asociado de Puerto Rico,

**CERTIFICO:** Que, de acuerdo con nuestros archivos "**CONSUMER CREDIT COUNSELING SERVICE OF PUERTO RICO, INC.**", registro número **20840**, es una **corporación sin fines de lucro** organizada a tenor con la Ley General de Corporaciones, según enmendada, el **11 de octubre de 1990**.

*Esta certificación no implica que esta corporación haya cumplido con el requisito de radicar informes anuales conforme a la Ley General de Corporaciones, según enmendada. Si usted interesa saber si esta corporación ha rendido informes anuales, deberá solicitar una Certificación de Cumplimiento ("Good Standing").*



**EN TESTIMONIO DE LO CUAL**, firmo el presente y hago estampar en él el Gran Sello del Estado Libre Asociado de Puerto Rico, en la ciudad de San Juan, Puerto Rico, hoy, **10 de junio de 2014**.

**DAVID E. BERNIER RIVERA**  
Secretario de Estado

Para validar este certificado acceda a: <http://www.estado.gobierno.pr>

Este certificado podrá ser validado hasta 5 veces antes de la fecha de expiración 07-dic-2014.

Número de Validación del Certificado: **78181-29675221**



Commonwealth of Puerto Rico  
**DEPARTMENT OF STATE**  
San Juan, Puerto Rico

## CERTIFICATE OF EXISTENCE

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Commonwealth of Puerto Rico,

**CERTIFY:** That, **CONSUMER CREDIT COUNSELING SERVICE OF PUERTO RICO, INC.**, registry number **20840**, is a **domestic non-profit corporation**, organized on **October 11, 1990**, in accordance to the General Corporations Law, as amended.

*This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.*



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, **June 10, 2014**.

**DAVID E. BERNIER RIVERA**  
Secretary of State

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To validate this certificate go to: <http://www.estado.gobierno.pr>

This certificate can be validated up to 5 times before its expiration date of 07-Dec-2014.

Certificate Validation Number: **78181-29675221**