

F 1500002744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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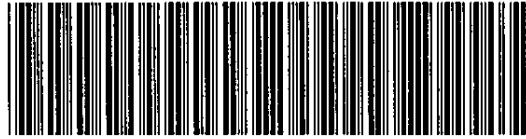
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUN 22 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 24 2015
S. YOUNG

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Credit Advisors, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Carlo Skrupa

Name of Person

Credit Advisors, Inc.

Firm/Company

1850 South 72nd Street

Address

Omaha, NE 68124

City/State and Zip code

carlo@creditadvisors.com

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

For further information concerning this matter, please call:

Carlo Skrupa

Name of Person

at 402 , 501-8200

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. **Credit Advisors, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Nebraska**

(State or country under the law of which it is incorporated)

3. **47-0489659**

(FBI number, if applicable)

4. **May 20, 1965**

(Date of incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **1850 South 72nd Street, Omaha, NE 68124**

(Principal office address)

1850 South 72nd Street, Omaha, NE 68124

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

National Registered Agents, Inc.

Office Address:

1200 South Pine Island Rd.

Plantation

(City)

, Florida

33324

(Zip code)

9. **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)

Michael Mirrone, Asst. Secy

10. 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

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: n/a

Address: _____

Vice Chairman: n/a

Address: _____

Director: Carlo Skrupa

Address: 1850 South 72nd Street, Omaha, NE 68124

Director: Barry Fouts

Address: 1850 South 72nd Street, Omaha, NE 68124

B. OFFICERS

President: Carlo Skrupa

Address: 1850 South 72nd Street, Omaha, NE 68124

Vice President: _____

Address: _____

Secretary: Barry Fouts

Address: 1850 South 72nd Street, Omaha, NE 68124

Treasurer: Carlo Skrupa

Address: 1850 South 72nd Street, Omaha, NE 68124

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Carlo Skrupa, President

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the
State of Nebraska, do hereby certify that

CREDIT ADVISORS, INC.,

was duly incorporated under the laws of this state on May 20, 1965 and do
further certify that no occupation taxes assessed are unpaid and no
occupation taxes are delinquent; Articles of Dissolution have not been filed
and said Corporation is in existence as of the date of this certificate.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

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SECRETARY OF STATE
TALLMAN, ASSESSOR, FLORENCE

In Testimony Whereof,



I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of
June 5, 2015

John A. Gale
Secretary of State