

F180000003818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

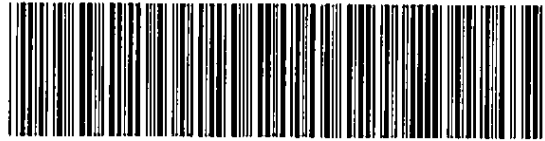
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

penalty W18-57027

Office Use Only



800314509948

08/18/18--01023--021 **70.00

FILED

18 AUG 16 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONS
AUG 21 2018

August 13, 2018

2018 AUG 16 AM 10:35
FRI AUG 16 2018
FRI AUG 16 2018

15

Department of Corporations

PO BOX 6327

Tallahassee, FL 32314

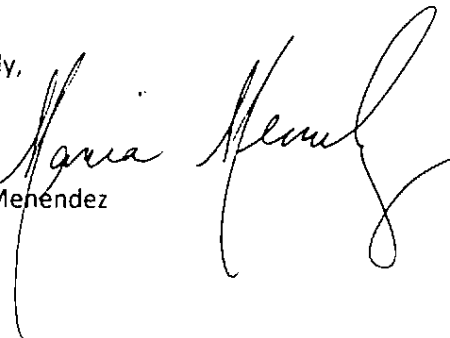
Attention: Octavia Simmons

Re: National Debt Management Doc# W18000057027 Rejected filing

National Debt Management, INC. did not transact any business in the State of Florida in 2017 or 2018 as we are awaiting approval of our filing. The RA document submitted had an incorrect date and was an error on my part. We are requesting approval of our filing.

Sincerely,

Maria Menéndez

A handwritten signature in black ink, appearing to read "Maria Menéndez", written over a horizontal line.

August 1, 2018

Florida Department of State

Division of Corporations

PO BOX 6327

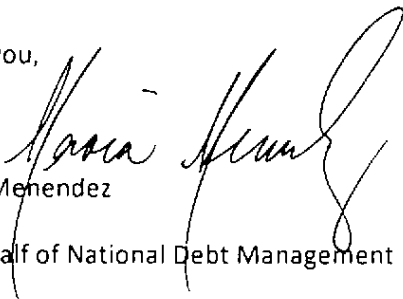
Tallahassee, FL 32314

Attention Octavia L Simmons:

Ref # W18000057027

I am responding to your letter of July 18, 2018 which I am attaching. I need to change the date of Incorporation to the date that we actually begin to be incorporated in your State. The reason it had the previous date is because we had originally filed on that date but for some reason the Check was lost and the paperwork never filed. We are still in the process of trying to get a refund. We did not want to delay our certification and we filed but I had left the previous address. Please make the adjustment.

Thank you,

A handwritten signature in black ink, appearing to read "Maria Menendez", written over the printed name.

Maria Menendez

on behalf of National Debt Management



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2018

JOANN
1935 CAMINO BIDA ROBLE
STE 150
CARLSBAD, CA 92008

SUBJECT: NATIONAL DEBT MANAGEMENT, INC.
Ref. Number: W18000057027

We have received your document for NATIONAL DEBT MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 118A00014756



2018 AUG 17 AM 10:54
NT OF ST
CORPOR
SEC. 1

*Starting
write letter*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2018

MARIA MENENDEZ
PO BOX 131417
CARLSBAD, CA 92013

SUBJECT: NATIONAL DEBT MANAGEMENT, INC.
Ref. Number: W18000057027

We have received your document for NATIONAL DEBT MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 118A00012771

RECEIVED
2018 JUL 12 AM 10:00
DIVISION OF CORPORATIONS
HALLSBURG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Debt Management, 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:

Maria Menendez

Name of Person

National Debt Management

Firm/Company

PO Box 131417

Address

Carlsbad, CA. 92013

City/State and Zip Code

mariam@goldendebt.org

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

For further information concerning this matter, please call:

Maria Menendez

Name of Person

at (

626

Area Code

221-7000

Daytime Telephone Number

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration 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. National Debt Management, 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.)

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

2. Michigan 3. 20-5092854
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/30/2006 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 10/1/2017
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability)

7. 17526 W. 12th Mile Rd #105, Southfield, MI 48076
(Principal office address)

P.O. Box 131417, Carlsbad, CA 92013
(Current mailing address, if different)

8. Credit Counseling and Financial Education
(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: InCorp Services, Inc.

Office Address: 17888 67 Court North

Loxahatchee, Florida 33470
(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.

Tana Vaughn Tana Vaughn on behalf of InCorp Services, Inc.
(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.

FILED
AUG 16 PM 12:10
CLERK OF CIRCUIT
JUDGE OF THE
NINTH JUDICIAL
CIRCUIT
IN FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Sam Georges

Address: 17520 W 12 Mile Rd Suite 105, Southfield, MI 48076

Vice Chairman: Maria Menendez

Address: 23868 Hawthorne Blvd Suite 20, Torrance, CA. 90505

Director: _____

Address: _____

Director: _____

Address: _____

FILED
MAY 16 PM 12:10
CLERK OF SUPERIOR COURT
SAN DIEGO, CALIF.

B. OFFICERS

President: Sam Georges

Address: 17520 W 12 Mile Rd, Suite 105, Southfield, MI 48076

Vice President: _____

Address: Cindy Villaume

PO BOX 131208, Carlsbad, CA. 92013

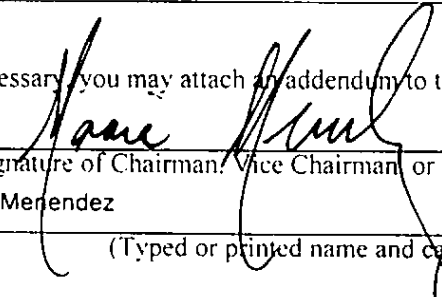
Secretary: Madison Tenaglia

Address: 3824 Calle Tiburon, San Clemente, CA. 92672

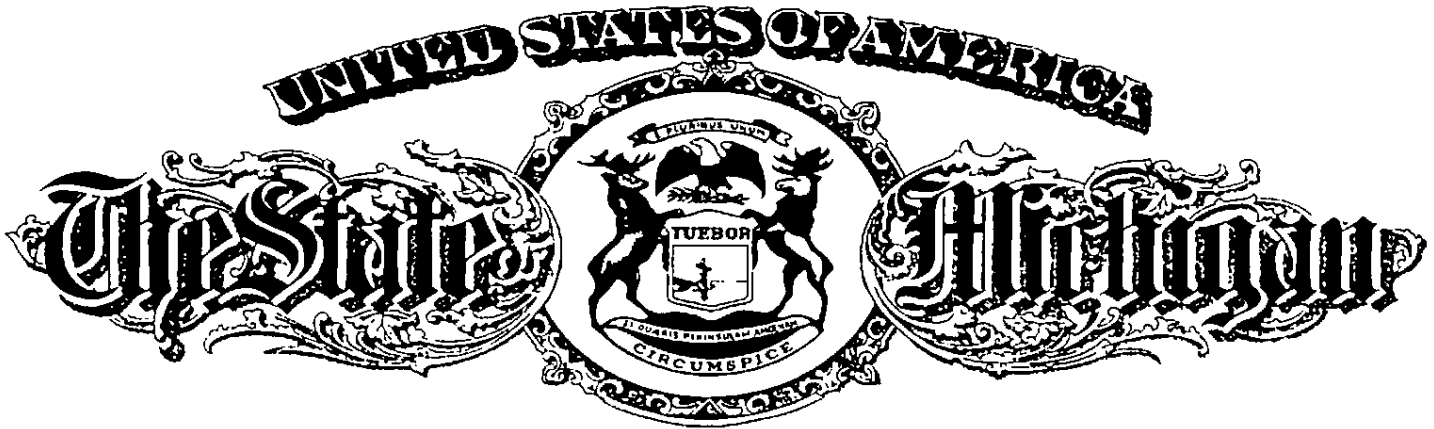
Treasurer: _____

Address: _____

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



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

NATIONAL DEBT MANAGEMENT, INC.

was validly Incorporated on May 30, 2006 as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1982 PA 162 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 13th day of June, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 18065875350

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.