

FP000001956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

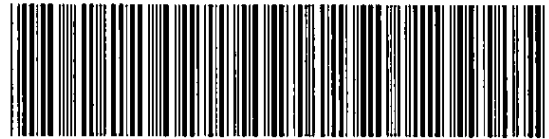
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

Office Use Only



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2019 APR 22 14:10:35

19 APR 19 PM 2:52

4-23-19  
BX



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2019

CORP ACCESS

*CORRECTED*

SUBJECT: CONSUMER CREDIT COUNSELING SERVICE OF BUFFALO, INC.  
Ref. Number: W19000038555

We have received your document for CONSUMER CREDIT COUNSELING SERVICE OF BUFFALO, 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):

Be sure to give each officer and/or director a title.,

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) 245-6052.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 019A00007949

RECEIVED  
19 APR 22 AM 11:02  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 4/18 LAUREN

☐ **CERTIFIED COPY**

**xx** **PHOTOCOPY**

☐ **CUS**

**xx** **FILING**

**FOREIGN**

1. **CONSUMER CREDIT COUNSELING SERVICE OF BUFFALO, INC.**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Consumer Credit Counseling Service of Buffalo, 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:

Nicole Lopez

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

nlopez@rasi.com

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

For further information concerning this matter, please call:

Nicole Lopez

at ( 888 )

705-7274

Name of Person

Area Code

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. Consumer Credit Counseling Service of Buffalo, 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.)

Money Mentors

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

2. New York 3. 16-0909583  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/12/1965 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 40 Gardenville Parkway, Suite 300, West Seneca, NY 14224  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Provide individuals & families achieve financial wellness through counseling & education when appropriate debt mgt  
(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: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr., Suite A  
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.*



Adam Saldana/Assistant Secretary

(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.

5010 APR 22 11:10:55

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Nancy M. Blaschak  
Address: 8822 Violet Parkway  
Eden, NY 14057

Vice Chairman: John S. Eagleton  
Address: One Steuben Square  
Homell, NY 14843

Director: Marylou Borowiak  
Address: 221 Stolle Road  
Elma, NY 14059

Director: Nancy L. La Tulip  
Address: 1 Birchwood Common  
Lancaster, NY 14086

**B. OFFICERS**

President: Noelle Carter  
Address: 40 Gardenville Parkway, Suite 300  
West Seneca, NY 14224

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

Secretary: Nancy M. Blaschak  
Address: 8822 Violet Parkway, Eden, NY 14057

Treasurer: Anthony F. Gutowski  
Address: One Grimsby Drive, Hamburg, NY 14075

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

13. Noelle M. Carter  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Noelle Carter, President & Chief Executive Officer  
(Typed or printed name and capacity of person signing application)

12. Names and addresses of officers and/or directors (continued):

Kevin B. McNamara - Director  
3901 Genesee Street  
Buffalo, NY 14225

Catherine M. Roberts - Director  
45 Jewett Avenue, Suite 100  
Buffalo, NY 14214

Karla J. Gadley - Director  
300 Sprindrift Drive  
Williamsville, NY 14221

Bonnie Kell - Director  
2929 Union Road  
Cheektowaga, NY 14227

FILED  
2019 APR 22 PM 10:35

**State of New York**  
**Department of State** } **ss:**

I hereby certify, that the Certificate of Incorporation of CONSUMER CREDIT COUNSELING SERVICE OF BUFFALO, INC. was filed on 11/12/1965, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 21st day of March  
two thousand and nineteen.*

A handwritten signature in black ink, reading "Whitney Clark". The signature is written in a cursive style with a large, stylized "W" and "C".

Whitney Clark  
Deputy Secretary of State