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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

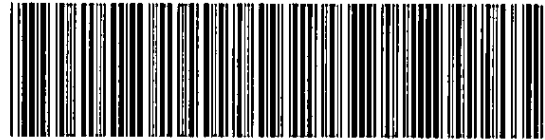
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**D. BRUCE**  
**OCT 31 2019**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Association of Independent Consumer Credit Counseling Agencies d/b/a Financial C  
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:

Lori Pollack

Name of Person

AICCCA d/b/a FCAA

Firm/Company

170 NE 2nd Street #1908

Address

Boca Raton FL 33429

City/State and Zip Code

lpollack@fcaa.org

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

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For further information concerning this matter, please call:

Lori Pollack

at (866) 278-1567

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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. Association of Independent Consumer Credit Counseling Agencies, 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. New Jersey 3. 22-3226765  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 14 1993 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. October 1st 2019  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. c/o Lori Pollack 101 Plaza Real S #407, Boca Raton FL 33432  
(Principal office street address)

170 NE 2nd Street #1908, Boca Raton FL 33429  
(Current mailing address, if different)

8. Trade Association  
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

CT Corporation System

Kimberly Steinmetz  
Vice President/  
Assistant Secretary

Kimberly Steinmetz  
(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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☒ Chairman Name: Judy Sorensen  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 14104 58th Street N  
☒ President Clearwater FL 33760  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☒ Chairman Name: Christopher Viale  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 67 Hunt Street #305  
☐ President Agwam MA 01001  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Hilton Sher  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 5701 W. Sunrise Blvd  
☐ President Ft Lauderdale, FL 33313  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Russell Graves  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 299 S. Shore Road  
☐ President Mamorar NJ 08223  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Phil Heinemann  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 3310 North Federal Hwy  
☐ President Lighthouse Point FL 33064  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Michael Croxson  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 3700 Barrett Drive  
☐ President Raleigh NY 27609  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: Board Member ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

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

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**ASSOCIATION OF INDEPENDENT CONSUMER CREDIT COUNSELING AGENCIES, INC.**  
0100549497

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on April 14, 1993.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

NATIONAL REGISTERED AGENTS, INC. OF NJ  
820 BEAR TAVERN RD  
WEST TRENTON, NJ 08628



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
11th day of October, 2019*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6101470674

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)