

# F19000005222

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

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

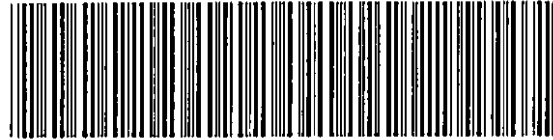
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Certificates of Status \_\_\_\_\_

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# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 11/20/2019

Acc#I20160000072

*Eric DW*

Name:	PARTNERSHIP FOR FINANCIAL EDUCATION
Document #:	
Order #:	12271983

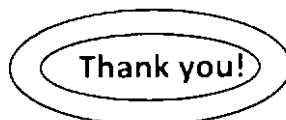
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Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARTNERSHIP FOR FINANCIAL EDUCATION  
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

PARTNERSHIP FOR FINANCIAL EDUCATION

Firm/Company

101 Plaza Real S. #407

Address

Boca Raton FL 33432

City/State and Zip Code

lpollack@financialcd.org

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

For further information concerning this matter, please call:

Kimberly Steinmetz

at ( 877 )

467-3525

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

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**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. PARTNERSHIP FOR FINANCIAL EDUCATION CORP

(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. Maine 3. 45 4677883  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/10/2012 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. 101 Plaza Real S. #407 Boca Raton FL 33432  
(Principal office address)

(Current mailing address, if different)

8. To provide credit counseling certification and continuing education to credit counseling agencies  
(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: C T 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.*

By: Kimberly Steinmetz C T Corporation System Kimberly Steinmetz  
(Registered agent's signature) Asst. Secretary

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. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Lori Pollack  
Address: 101 Plaza Real S. #407  
Boca Raton FL 33432

Vice Chairman: Russell Graves  
Address: 299 South Shore Road  
Marmora NJ 08223

Director: Ruth Vinal Walsh  
Address: 26 Ashbourne Court  
S. Portland ME 04106

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

President: Lori Pollack  
Address: 101 Plaza Real S. #407  
Boca Raton FL 33432

Vice President: Russell Graves  
Address: 299 South Shore Rd  
Marmora NJ 08223

Secretary: Ruth Vinal Walsh  
Address: 26 Ashbourne Court, S. Portland ME 04106

Treasurer: Lori Pollack  
Address: 101 Plaza Real S. #407, Boca Raton FL 33432

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

13. Lori Pollack  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Lori Pollack, President  
(Typed or printed name and capacity of person signing application)

# State of Maine



## Department of the Secretary of State

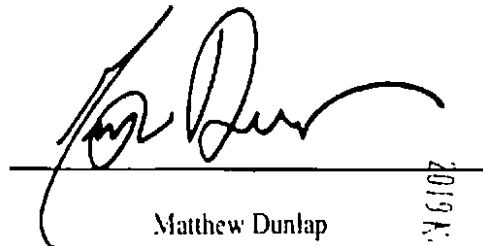
*I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.*

*I further certify that PARTNERSHIP FOR FINANCIAL EDUCATION is a duly organized nonprofit corporation without capital stock under the laws of the State of Maine and that the date of incorporation is February 10, 2012.*

*I further certify that said nonprofit corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said nonprofit corporation is a legally existing nonprofit corporation in good standing under the laws of the State of Maine at the present time.*

*In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this nineteenth day of November 2019.*



  
Matthew Dunlap  
Secretary of State

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