

F2300007095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

(Business Entity Name)

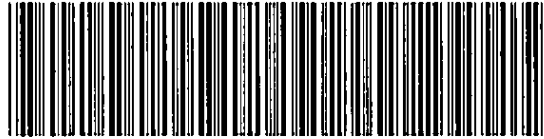
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Certified Copies _____

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Special Instructions to Filing Officer.

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2023 DEC 27 AM 10:31

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STATE OF FLORIDA

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RECEIVED

DEC 28 2023

K. Brumley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 12/27/23
Order #: 1358893-1
Re: Association For Financial Professionals, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$70.00 - FL State Account Number:
120000000195

AUTH:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the 'AUTH:' label.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASSOCIATION FOR FINANCIAL PROFESSIONALS, 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:

FRANCINE HOPE-PRESSLEY

Name of Person

ASSOCIATION FOR FINANCIAL PROFESSIONALS, INC.

Firm/Company

12345 PARKLAWN DRIVE, SUITE 200

Address

ROCKVILLE, MD 20852

City/State and Zip Code

FHOPEPRESSLEY@AFPONLINE.ORG

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

For further information concerning this matter, please call:

FRANCINE HOPE-PRESSLEY

Name of Person

at (301)

Area Code

961-8853

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 FOR FINANCIAL PROFESSIONALS, 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. DELAWARE 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 6, 1980 5. (Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 12345 PARKLAWN DRIVE, SUITE 200, ROCKVILLE, MARYLAND 20852 (Principal office street address)

(Current mailing address, if different)

8. Establishment of n'l forum for the exchange of concepts/techniques to improve the mgt of cash through education and recognition of the Cash Mgt Profession. (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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32031 (City) (Zip Code)

2023 FEB 27 AM 10:31

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.

Corporation Service Company

By: Alexis Wiland-Sanson, ACP

(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: JAMES KAITZ
 12345 PARKLAWN DRIVE, SUITE 200
 ROCKVILLE, MD 20852

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: REGINA COLIS
 12345 PARKLAWN DRIVE, SUITE 200
 ROCKVILLE, MD 20852

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: MICHAEL HIGH
 12345 PARKLAWN DRIVE, SUITE 200
 ROCKVILLE, MD 20852

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: TAMARA SARONT-EISNER
 12345 PARKLAWN DRIVE, SUITE 200
 ROCKVILLE, MD 20852

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: GEETANJALI TANDON
 12345 PARKLAWN DRIVE SUITE 200
 ROCKVILLE, MD 20852

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: FRED SCHAKNIES
 12345 PARKLAWN DRIVE, SUITE 200
 ROCKVILLE, MD 20852

Vice Chairman Address: _____

Director _____

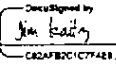
President _____

Vice President _____

Secretary Treasurer

Other: _____ 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.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. FRANCINE HOPE-PRESSLEY - CHIEF FINANCIAL OFFICER
(Typed or printed name and capacity of person signing application)

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASSOCIATION FOR FINANCIAL PROFESSIONALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASSOCIATION FOR FINANCIAL PROFESSIONALS, INC." WAS INCORPORATED ON THE SIXTH DAY OF OCTOBER, A.D. 1980.




Jeffrey W. Bullock, Secretary of State

900573 8300C

SR# 20234326541

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204903055

Date: 12-26-23