

F98000005769

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: Kimberly Credit Counseling Alliance, Inc.
(Name of Corporation)

900002664479--0
-10/15/98--01051--001
*****70.00 *****70.00

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

James M. Green

(Name of Person)

Crowther & Green, LLC

(Firm/Company)

P.O. Box 846, 72 North Main Street,

(Address)

Watkinsville, Georgia 30677

(City, State and Zip Code)

For further information concerning this matter, please call:

James Green

(Name of Person)

706-769-1214

at ()

Area Code & Daytime Telephone Number

STREET ADDRESS:
Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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98 OCT 15 PM 1:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WL
10/15

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. Kimberly Credit Counseling Alliance, 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.)
2. Georgia
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. June 7, 1996
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 8/98
(Date corporation first conducted Affairs in Florida -
See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 2662 Holcomb Bridge Rd., Suite 340
Alpharetta, Georgia 30022
(Current mailing address)
8. All purposes allowable by law.
(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:

C T Corporation System
(Name)
1200 South Pine Island
(Office address)
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.

Dale H. Morris

(Registered agent's signature)

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

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

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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: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Maureen Perry

Address: 2662 Holcomb Br. Rd., Suite 340, Alpharetta, GA 30022

Vice Chairman: Mary Jo Homer

Address: Same as above.

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Maureen Perry

Address: Same as above.

Vice President: Mary Jo Homer

Address: Same as above.

Secretary: Maureen Perry

Address: Same as above.

Treasurer: Maureen Perry

Address: Same as above

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

13. Mary Jo Homer
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Mary Jo Homer

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

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Secretary of State

Corporations Division

315 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : 982360928
CONTROL NUMBER : 9619390
DATE INC/AUTH/FILED: 06/07/1996
JURISDICTION : GEORGIA
PRINT DATE : 08/24/1998
FORM NUMBER : 211

RECEIVED
AUG 27 1998

BAB

JAMES GREEN
PO BOX 846
WATKINSVILLE GA 30677

CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

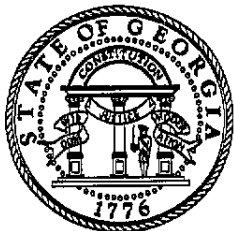
**KIMBERLY CREDIT COUNSELING ALLIANCE, INC.
A DOMESTIC NONPROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE



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