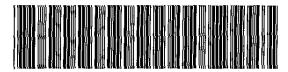
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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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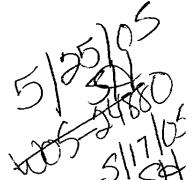




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## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

	OCIATION OF		Cou	า ก	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Heather C. Aiello Name (Printed or typed)  322 3 Avenue  Address  Indialantic Florida 32503 City, State & Zip					

NOTE: Please provide the original and one copy of the articles.



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 17, 2005

HEATHER C. AIELLO 322 3RD AVENUE INDIALANTIC, FL 32903

SUBJECT: ASSOCIATION OF FINANCIAL HEALTH COUNSELOR

Ref. Number: W05000024880

We have received your document for ASSOCIATION OF FINANCIAL HEALTH COUNSELOR and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the original and one copy of 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) 245-6955.

Letter Number: 905A00035324

Suzanne Hawkes Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

*ARTICLE I NAME* 

The name of the corporation shall be: Association of Financial Health Counselors CO (Doyceticn)

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

322 3<sup>rd</sup> Avenue

Indialantic, FL 32903

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the Association of Financial Health Counselors is to provide professional development, continuing education, standardization recognition and certification of Financial Health Counselors.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: Directors are elected by a consesus vote made by the present board officers.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s): Address for all Directors is 322 3<sup>rd</sup> Avenue, Indialantic, FL 32903. All names listed are directors: Heather C. Aiello, M.S., N.C.C., L.M.H.C.; John Aiello, M.S.; Amanda Evans, M. S.; Kelly Bradbury, M.S.; Lt. Col. Arthur Richard Lyman IV; Noel Miner, M.S.; Kathy Petrillo, M.S.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Heather Aiello 322 3<sup>rd</sup> Avenue Indialantic, FL 32903

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Heather Aiello 322 3<sup>rd</sup> Avenue Indialantic, FL 32903

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, Tam familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator

J - 2 ( - 0)

Date

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Date