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FILED  
10 FEB 18 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N116-5772

**COVER LETTER**

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

**SUBJECT:** Association of Credit Counseling Professionals, Inc.  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Judith R. Sorensen  
Name (Printed or typed)

3050 Kevlyn Court  
Address

Safety Harbor, FL 34695  
City, State & Zip

727-723-9679  
Daytime Telephone number

compliancealliance@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 4, 2010

JUDITH R SORENSEN  
3050 KEVLYN COURT  
SAFETY HARBOR, FL 34695

SUBJECT: ASSOCIATION OF CREDIT COUNSELING PROFESSIONALS, INC.  
Ref. Number: W10000005772

We have received your document for ASSOCIATION OF CREDIT COUNSELING PROFESSIONALS, INC. 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 registered agent designated in your document is not an active entity according to our records. Please reinstate this entity (call (850) 245-6059 for information) or designate another entity that is active according to our records.

Please return the corrected 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) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 510A00002928

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
10 FEB 18 PM 1:56

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**FILED**  
10 FEB 18 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:  
Association of Credit Counseling Professionals, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
3050 Kevlyn Court  
Safety Harbor, FL 34695

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To the extent permitted by Code Section 501(c)(6) of the Internal Revenue Code, as amended, the corporation is organized to promote common industry interests and to engage in activities devoted to improving overall business conditions. No part of the Association's net earnings may inure to the benefit of any officer, director or other individual.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
The affairs of the Association will be managed by a Board of Directors consisting of no less than 9 directors. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the corporation but may never be less than three. The election of directors shall be done in accordance with the Bylaws. The Directors shall be protected from personal liability to the fullest extent permitted by law.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):  
Russell Graves  
Melissa Pearson  
Sam Hohman

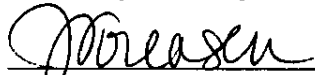
**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
The Compliance Alliance, LLC  
3050 Kevlyn Court  
Safety Harbor, FL 34695


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Judith R. Sorensen  
3050 Kevlyn Court  
Safety Harbor, FL 34695

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

  
Signature/Registered Agent

2/1/10  
Date

  
Signature/Incorporator

2/1/10  
Date