

Deborah Lawson

Requestor's Name

4725 Pecon Branch Rd

Address

Tallah 32308

City/State/Zip

Phone #

570.0033

800002807278--5

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****122.50 *****78.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ~~NACM-PAC~~ NACM-1CPC PAC, INC.

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

N 99000001618

(Corporation Name)

(Document #)

4. (Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time

Call

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input checked="" type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|-----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

FILED

99 MAR 16 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. SMITH MAR 16 1999

Examiner's Initials

FILED

99 MAR 16 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
NACM-ICPC PAC, INC.**

The undersigned, each being of full age, do hereby set forth these Articles of Incorporation for the purposes of establishing a not-for-profit corporation pursuant to Chapter 617, Florida Statutes.

ARTICLE I - NAME

The name of the corporation is the NACM-ICPC PAC, INC.

ARTICLE II - PLACE OF BUSINESS & MAILING ADDRESS

The place of business of the NACM-ICPC PAC, INC. is 310 East College Avenue, Tallahassee, Florida 32301. The mailing address for the corporation is Post Office Box 839, Tallahassee, Florida 32302-0839.

ARTICLE III - PURPOSES

The purposes for which this corporation is organized is to qualify as a Committee of Continuous Existence pursuant to Section 106.04, Florida Statutes, and to accept contributions and make expenditures consistent with the powers and duties of a Committee of Continuous Existence under Florida law.

ARTICLES IV - DIRECTORS

The Board of Directors shall be selected at each annual Board meeting, by a majority vote of the Directors present at such meeting. There shall be at least five (5) members of the Board of Directors of the corporation, all of whom must be members of the corporation. The names and addresses of the persons who shall serve as the initial Directors of the corporation until the first election are as follows:

| <u>NAME</u> | <u>ADDRESS</u> |
|-------------------|--|
| James Lanier | Post Office Box 1004 Roswell, GA 30077 |
| George Linley | 1501 Belvedere Road W. Palm Beach, FL 33406 |
| Tom Long | Post Office Box 2273 Orlando, FL 32802 |
| Kenneth L. Minton | P. O. Box 31965 Tampa, FL 33631-3965 |
| Leslie Taylor | Post Office Box 15436 Tampa, FL 33684 |

ARTICLES V - MEMBERS

The members of the corporation shall be members of the National Association of Credit Management of Florida, Inc. or the National Association of Credit Men, Inc. Florida Gulf Coast Unit who voluntarily elect to make contributions to the corporation in accordance with the schedule of dues established in the By-laws of the corporation. Any member who, voluntarily or involuntarily, terminates his or her membership in the National Association of Credit Management of Florida, Inc. or the National Association of Credit Men, Inc. Florida Gulf Coast Unit shall automatically be

terminated as a member of this corporation without further action of the membership or the Board of Directors of the corporation.

ARTICLE VI - INITIAL REGISTERED AGENT AND OFFICE

The initial registered office of the corporation shall be located at 310 East College Avenue, Tallahassee, Florida 32301. The initial Registered Agent of the corporation shall be Neil H. Butler, whose street address is 310 East College Avenue, Tallahassee, Florida 32301.

ARTICLE VII - AMENDMENT

These Articles of Incorporation may be amended as provided by law.

ARTICLES VIII - INCORPORATORS

The names and addresses of the incorporators of this corporation are:

NAME

ADDRESS

Tom Long

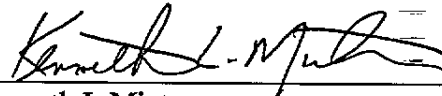
Post Office Box 2273
Orlando, FL 32802

Kenneth L. Minton

P. O. Box 31965
Tampa, FL 33631-3965

IN WITNESS WHEREOF, the incorporators have subscribed their names this 1st day of
FEBRUARY, 1999.


Tom Long


Kenneth L. Minton

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, TOM LONG, who is personally known to me or produced N/A as identification, and who executed the foregoing ARTICLES OF INCORPORATION, and acknowledged before me that he executed the same for the uses and purposes therein expressed.

WITNESS my hand and official seal in the state and county last aforesaid, this 1st day of
FEBRUARY, 1999.


NOTARY PUBLIC

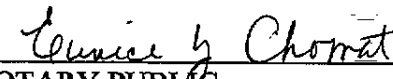
STATE OF FLORIDA
COUNTY OF HILLSBOROUGH



Kelly S. Bell
MY COMMISSION # CC763606 EXPIRES
July 30, 2002
BONDED THRU TROY FAIR INSURANCE, INC.

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, KENNETH L. MINTON, who is personally known to me or produced _____ as identification, and who executed the foregoing ARTICLES OF INCORPORATION, and acknowledged before me that he executed the same for the uses and purposes therein expressed.

WITNESS my hand and official seal in the state and county last aforesaid, this 8TH day of
FEBRUARY, 1999.


NOTARY PUBLIC

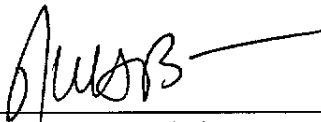


Eunice Y. Chorvat
MY COMMISSION # CC595926 EXPIRES
November 30, 2000
BONDED THRU TROY FAIR INSURANCE, INC.

ACCEPTANCE OF REGISTERED AGENT

NEIL H. BUTLER, having been named as the registered agent in the foregoing Articles of Incorporation of the NACM-ICPC PAC, INC., to accept service of process for the corporation at 310 East College Avenue, Tallahassee, Florida 32301, hereby agrees to act as the registered agent and comply with the laws of the state of Florida relative to such position.

DATED this 12th day of February, 1999.



NEIL H. BUTLER

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99 MAR 16 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA