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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

FOREIGN PROFIT/NONPROFIT CORPORATION Credit & Homeownership Empowerment Services, Corp

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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Help

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:

	ilable in Florida, enter alternate corporate name adopted for the purpose of transacting busin			
2. MO	try under the law of which it is incorporated) (FEI number, if applicable)			
(State of coun	try under the law of which it is incorporatedy			
4. <u>0/10/2010</u> (D	ate of Incorporation) 5. (Date of duration, if other than pe	rpetual)		
6	acted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determ		1: .L:D:	
		ine penalty	навину	·.)
7 3125 Gillh	am Plaza Kansas City MO 64109			
·	am Plaza Kansas City MO 64109 (Principal office street address)	٠٠٠٠ دين	202	
3125 Gillha	am Plaza Kansas City MO 64109 (Current mailing address, if different)	<u> </u>	<u></u>	
0123 01111	(Current mailing address, if different)	3 . 5	=	CHAMP R
			÷	A VETTA
8. See attach	reporation authorized in home state or country to be carried out in the state of Florida)	<u> </u>		1 4 3
(Purpose(s) of	corporation authorized in home state or country to be carried out in the state of Floriday		<u> </u>	5
9. Name and str	eet address of Florida registered agent: (P.O. Box NOT acceptable)	Selection of State	4	
N ! .	Registered Agents Inc.			
Name:	7901 4th St N STE 300			
Office Address:	7901 4th St N STE 300 St. Petersburg , Florida 33702 (Zip Code)			
	(City) (Zip Code)			
Having been no designated in th	I agent's acceptance: imed as registered agent and to accept service of process for the above stated corp its application, I hereby accept the appointment as registered agent and agree to a is comply with the provisions of all statutes relative to the proper and complete per iar with and accept the obligations of my position as registered agent.			
·	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. DIRECTOR	s Name: Coley Williams	□Chairman	Name: Ron Farmer
□Chairman	Address: 7901 4th St N STE 300	□Vice Chairman	7901 4th St N STE 300
□Vice Chairman	St. Petersburg FL 33702		St. Petersburg FL 33702
OXDirector	<u> </u>	X Director	
□President		□President	
□Vice President		□Vice President	
□ Secretary	Treasurer	□Secretary	□Treasurer
□Other:	Other:	□Other:	□Other:
□Chairman	Name: Cynthia Anderson	□Chairman	Name: Rubye Adams
□Vice Chairman	Address: 7901 4th St N STE 300	□Vice Chairman	Address: 7901 4th St N STE 300
f X Director	St. Petersburg, FL USA 33702	(XDirector	St. Petersburg, FL USA 33702
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	Tressurer 5
□Other:	Other:	□Other:	
			Pij :
□Chairman	Name: Bob Farmer	□Chairman	Name:
□Vice Chairman	Address: 7901 4th St N STE 300	□Vice Chairman	Address:
⊠ Director	St. Petersburg, FL USA 33702	□Director	
□President		□President	
□Vice President		□Vice President	
☐Secretary	□Treasurer	Secretary	□Treasurer
□Other:	Other:	□Other:	□Other:
Non-indexed indi	nt Notice: Use an attachment to report more than viduals may be added to the index when filing y	our Florida Department	of State Annual Report form.
13. <u>Ron</u>	Farmar (Signature of Chairman, Vice Chairman, or any	officer listed in numbe	r 12 of the application)
14. Ron Far	mer (Typed or printed name and capacity o		

•

Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida:

US Department of Housing & Urban Development - HUD housing counseling services and any other lawful business or activity under the law of Florida. This organization is authorized to pursue the same business purpose in the state of formation, Missouri.

2021 JUN - 4 PM 4: 44





John R. Ashcroft Secretary of State

CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Credit & Homeownership Empowerment Services N01078580

A Missouri entity was created under the laws of this State on 8/16/2010, and in Good Standing fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, the 26th day of May, 2021.

Secretary of State

Certification Number: CERT-IN84992

