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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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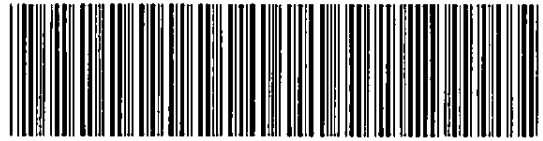
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

MS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Center for Financial Training, Inc  
Name of Corporation – must include suffix

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Eileen Nelson, Paralegal

Name of Person

Shipman & Goodwin, LLP

Firm/Company

One Constitution Plaza

Address

Hartford, CT 06103

City/State and Zip Code

maria@cfeducation.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eileen Nelson

Name of Person

at (

860)

Area Code

251-5011

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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. Center for Financial Training, 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Connecticut 3. 06-1367018  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/19/1993 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 10 Waterside Drive, Suite 300, Farmington, CT 06032  
(Principal office street address)

78 Stage Road, Williamsburg, MA 01096

(Current mailing address, if different)

8. Provide professional continuing education programs to the financial services community  
(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: (P.O. Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32031

(Zip Code)

SECRETARY OF STATE  
TELEPHONE: 904-412-2000

2025 FEB -4 PM 11:35

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**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.*

Corporation Service Company

By: Jessica Blackwell Jessica Blackwell, Assistant Secretary  
(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]: SEE EXHIBIT A

**A. DIRECTORS**

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

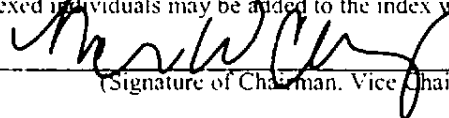
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13.  \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Marta W. Carey, President and CEO  
(Typed or printed name and capacity of person signing application)

**EXHIBIT A**

**Center for Financial Training, Inc.**

**2025 Officers and Directors**

**OFFICERS**

<b>Title</b>	<b>Name</b>	<b>Business Address</b>
President and Chief Executive Officer	Marta W. Carey	10 Waterside Drive, Suite 300 Farmington, CT 06032
Chairperson	Michelle Raskevitz	36 Main Street East Hampton, MA 01027
Vice President	Renee Few	10 Waterside Drive, Suite 300 Farmington, CT 06032
Vice Chairperson	Marc Hendikson	665 Flatiron Marketplace Drive Broomfield, CO 80021

**DIRECTORS**

<b>Title</b>	<b>Name</b>	<b>Business Address</b>
Director	Marta W. Carey	10 Waterside Drive, Suite 300 Farmington, CT 06032
Director	Marc Hendikson	665 Flatiron Marketplace Drive Broomfield, CO 80021
Director	Michelle Raskevitz	36 Main Street East Hampton, MA 01027
Director	Ralph Schank	402 East Swenson Drive Savannah, MO 64485
Director	William Calderara	180 Schwenk Drive Kingston, NY 12401
Director	George Connors	1650 Tysons Blvd., Suite 1150 McLean, VA 22102
Director	Brian Wallace	9700 W. Higgins Road, Suite 1000 Rosemont, IL 60018
Director	Chris Padgett	3801 Woodland Heights Road, Suite 125 Little Rock, AR 72212
Director	Kimberly Tuttle	10 Waterside Drive, Suite 300 Farmington, CT 06032

# Secretary of the State of Connecticut

## Certificate of Legal Existence

Certificate of Legal Existence Certificate

Amendment

FINANCIAL  
TRAINING  
ATLANTIC &  
CENTRAL STATES,  
INC.

FINANCIAL  
TRAINING, INC.



Secretary of the State

# Secretary of the State of Connecticut

## Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Wednesday, January 29, 2025 4:15 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic Non-Stock corporation was filed in this office.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

### Business Details

Business Name	CENTER FOR FINANCIAL TRAINING, INC.
Business ALEI	US-CT.BER:0284986
Formation Date	04/19/1993

### Name Change History

<i>Filing Type</i>	<i>Filing Date</i>	<i>Previous Name</i>	<i>Updated Name</i>
Amend Name	11/29/1994	CONNECTICUT A.I.B., INC.	SOUTHERN NEW ENGLAND A.I.B., INC.
Amend Name	06/27/2000	SOUTHERN NEW ENGLAND A.I.B., INC.	CENTER FOR FINANCIAL TRAINING OF SOUTHERN NEW ENGLAND, INC.
Amend Name	12/10/2003	CENTER FOR FINANCIAL TRAINING OF SOUTHERN NEW ENGLAND, INC.	CENTER FOR FINANCIAL TRAINING ATLANTIC STATES, INC.
Amend Name	05/05/2008	CENTER FOR FINANCIAL TRAINING ATLANTIC STATES, INC.	CENTER FOR FINANCIAL TRAINING ATLANTIC & CENTRAL STATES, INC.
Certificate of	09/16/2024	CENTER FOR	CENTER FOR

Business ALEI: US-CT.BER:0284986

Certificate Number: C-00155661

Note: To verify this certificate, visit [Business.ct.gov](https://Business.ct.gov)