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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

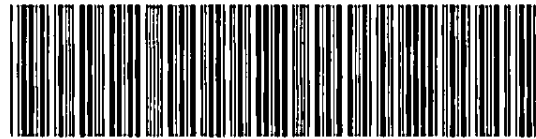
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAR 16 PM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 23 2020
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CU Cooperative Systems, 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:

Attention: Legal Department

Name of Person

CU Cooperative Systems, Inc.

Firm/Company

9692 Haven Avenue

Address

Rancho Cucamonga, California 91730

City/State and Zip Code

Legal@coop.org

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

For further information concerning this matter, please call:

Jana Wong

at (909)

948-2696

Name of Person

Area Code

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

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:

(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.)

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.

FILED
MAR 16 P 11 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: Chuck Purvis
☐ Vice Chairman Address: 1000 St. Albans Drive
☐ Director Raleigh, NC 27609
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Benson Porter
☒ Vice Chairman Address: 12770 Gateway Drive
☐ Director Tukwila, WA 98168
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Christopher Todd Clark
☐ Vice Chairman Address: 9692 Haven Ave.
☐ Director Rancho Cucamonga, CA 91730
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Nicholas Calcanes
☐ Vice Chairman Address: 9692 Haven Ave.
☐ Director Rancho Cucamonga, CA 91730
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: COO ☐ Other: _____

☐ Chairman Name: Erik Askelsen
☐ Vice Chairman Address: 9692 Haven Ave.
☐ Director Rancho Cucamonga, CA 91730
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: David Becker
☐ Vice Chairman Address: 9692 Haven Ave.
☐ Director Rancho Cucamonga, CA 91730
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CFO ☐ 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. Erik Askelsen
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Erik Askelsen, Corporate Secretary
(Typed or printed name and capacity of person signing application)

ATTACHMENT
APPLICATION BY FOREIGN NONPROFIT CORPORATION
CU COOPERATIVE SYSTEMS, INC.

Question 8. Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida:

This is a consumer cooperative corporation conducting its business primarily for the mutual benefit of its members as patrons and is not organized to make a profit for itself, as such, but for its members as patrons. The purpose of this Corporation is to provide to members electronic funds transfer services, an ATM network, and other electronic and supportive services including those services generally associated with ATMs, debit cards and credit cards.

STATE OF FLORIDA
REGISTERED AGENT CONSENT FORM

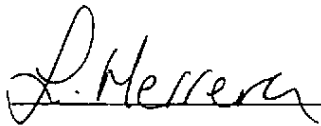
DATE: 2/21/2020

ENTITY NAME: CU COOPERATIVE SYSTEMS, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

A handwritten signature in cursive script, appearing to read "L. Herrera", is written over a horizontal line.

Leticia Herrera, Assistant Secretary
Paracorp Incorporated

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CU COOPERATIVE SYSTEMS, INC.

FILE NUMBER: C1056261
FORMATION DATE: 09/29/1981
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of January 24, 2020.

ALEX PADILLA
Secretary of State