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DIVISION OF CONTRACTION

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: C.U. Mortgage Services, Inc.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Ashley Holmes
Name of Person
C.U. Mortgage Services, Inc.
Firm/Company
500 Main Street, Suite 100
Address
New Brighton, MN 55112
City/State and Zip code
aholmes@cucompanies.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ashley Holmes at (651) 746-6424
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee \$\frac{1}{2}\$\$ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

, C.U. Me	ortgage Services, Inc.		
	f corporation; must include "INCORPORATED," "C" "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unav	ailable in Florida, enter alternate corporate name adop	pted for the purpose of transacting business in Florida)	
_{2.} Minnes	ota _{3.}		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	
4 7/24/19	87 _{5.} P	erpetual	
(D		duration: Year corp. will cease to exist or "perpetual")	
6			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,		
500 Mai	n Street, Suite 100, New Brigh		- 43
7. 000 IVIA	(Principal office address)		5 5 7
500 Main Street, Suite 100, New Brighton, MN 55112		on, MN 55112	77 2 , 17 ;
	(Current mailing address)	<u> </u>	近
Manhara	na Camilaaa		زیدی
o	ge Services		
(Purpos	e(s) of corporation authorized in home state or countr	ry to be carried out in state of Florida)	
9. Name and st	reet address of Florida registered agent: (P.O. B	lox NOT acceptable)	
Name:	NRAI Services, Inc.	_	
Office Address	1200 South Pine Island Road	<u>i</u>	
	Plantation	_ , Florida 33324 (Zip code)	
	(City)	(Zip code)	
10. Registered	agent's acceptance:		
designated in ti	his application, I hereby accept the appointmen	of process for the above stated corporation at the place at as registered agent and agree to act in this capacity.	
	o comply with the provisions of all statutes rela n familiar with and accept the obligations of m	tive to the proper and complete performance of my y position as registered agent.	
	By:	NRAI Services, Inc.	
	(Kachil Cl	Rachel Glasheen, VP & Assistant Secretary	
	(Registered agent's signat	ture)	

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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Please see attached Address: _ Director: __ **B. OFFICERS** President: S. Brad Crandall Address: 500 Main Street, Suite 100, New Brighton, MN 55112 Secretary: ____ Treasurer: NOTE: All necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes

President/CEO

a third degree felony as provided for in s.817.155, F.S.

14. S. Brad Crandall

C.U. MORTGAGE SERVICES, INC. BOARD OF DIRECTORS



Steve Ahlness Greater MN Credit Union 112 S. Lake Street Mora, MN 55051

Tom Smith TopLine Federal Credit Union 9353 Jefferson Highway Maple Grove, MN 55369

Phillip Kopischke Sharepoint Credit Union 750 2nd St NE, Ste. 200 Hopkins, MN 55343

Patrick Pierce City & County Credit Union 144 E 11th Street St. Paul, MN 55101

Kathy Harrington Heartland Credit Union Inver Grove Heights, MN 55077

Paul Dammann United Educators Credit Union 6289 Upper Afton Road Woodbury, MN 55125

Mark Everson Wings Financial Credit Union 14985 Glazier Ave Apple Valley, MN 55124

Stephen B. Crandall CU Companies 500 Main Street New Brighton, MN 55112

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Office of the Minnesota Secretary of State Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

C. U. Mortgage Services, Inc.

Date Filed:

07/24/1987

File Number:

5Q-491

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

01/23/2014



Mark Ritchie
Mark Ritchie

Secretary of State

State of Minnesota