F17000002257

(Re	questor's Name)				
(Ad	dress)				
(·					
(Address)					
(Cit	y/State/Zip/Phone	: #)			
(0.0	y. = -2	•••			
PICK-UP	WAIT	MAIL			
	□	L ''' ''-			
(Bu	siness Entity Nan	ne)			
(24		,			
(Do	cument Number)				
Certified Copies	Certificates	of Status			
ocianea copies		Or Olalus			
Special Instructions to	Filing Officer				
Special instructions to	rining Officer.	,			
D	10000				
cuo WIT	-3843 1				

Office Use Only



900297128269

05/03/17--01025--005 **70.00

2017 HAY 17 AM ID: 42

K. SALY MAY 18 2017

COVER LETTER

TO:	Registration Section Division of Corporations					
SUB	C.U. Title Services, Inc.					
000		e of corporation	- must include suffix			
Dear 9	Sir or Madam:					
"Certi	nclosed "Application by Foreign of ficate of Existence," or "Certifica referenced foreign corporation to	ite of Good Stan	ding" and check are sub			
	return all correspondence concer y Holmes	rning this matter	to the following:			
		Name of I	Person			
CU C	ompanies					
		Firm/Com	pany			
500 M	ain Street, Suite 100					
New I	Brighton, MN 55112	Addre	ess			
		City/State a	nd Zip code			
aholm ———	es@cucompanies.com					
	E-mail addre	ess: (to be used t	for future annual report	notification)		
For fu	rther information concerning this	matter, please o	all:			
Ashle	y Holmes	651 at (746-6424			
	Name of Person	Area Cod	e Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	sed is a check for the following an 0.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & 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.

1.	le Services, Inc.							
	me of corporation; must include "INC Co.," "Corp," "Inc," "Co," or "Corp.")	ORPORATED," "C	COMPANY," "CORPORATION,"					
C.U. Tit	le Services, Inc. (CUTSI)							
(If name	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)							
Minneso 2.	ta	41-	-1856115					
10/28/1996		(FEI number, if applicable)						
4	4 5		(Date of duration, if other than perpetual)					
6.								
	(Date first trans (SEE SECTIONS 60	acted business in Flo 7.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liability)					
7	Street, Suite 100, New Brighton, MN							
		(Principal o	ffice address)					
500 Mair	Street, Suite 100, New Brighton, MN			911 SE				
		(Current mailing ac	ddress, if different)	AAR H				
0. 11				2017 MAY 17 A SECRETARY O				
8. Name a	nd <u>street address</u> of Florida register	red agent: (P.O. B	ox <u>NOT</u> acceptable)	me = M				
N	NRAI Services, Inc.		_	F ST FELL				
Office Add	1200 South Pine Island Roa	ıd	_	AM OF LANDS				
	Plantation		33324 , Florida	"2"				
	(City)		(Zip code)					
9. Registe	red agent's acceptance:							
Having be	en named as registered agent and							
	in this application, I hereby acce ee to comply with the provisions							
	I am familiar with and accept th			erjormance of my				
	NRAI Services, Inc							
	Denis	e Bell	Denise Bell, Asst Secretary					
		(Registered ager	nt's signature)	-				

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Paul Dammann Address: 6289 Upper Afton Road, Woodbury, MN 55125 Vice Chairman: ____ Director: Mark Everson Address: 14985 Glazier Ave, Apple Valley, MN 55124 Director: Doug Ralston Address: 4477 LaVaque Road, Hermantown, MN 55811 **B. OFFICERS** Stephen Albers President: 500 Main Street, Suite 100, New Brighton, MN 55112 Address: Vice President: ___ Address: ___ Secretary: __ Address: Melanie Meier Treasurer: 500 Main Street, Suite 100, New Brighton, MN 55112 NOTE: If necessary, you may are an addengum 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 11 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 a third degree felony as provided for in s.817.155, F.S. Stephen Albers, President 13. (Typed or printed name and capacity of person signing application)

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, 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. Title Services, Inc.

Date Filed:

10/28/1996

File Number:

9J-689

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

05/15/2017



Oteve Vimm

Steve Simon

Secretary of State State of Minnesota



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2017

ASHLEY HOLMES CU COMPANIES 500 MAIN STREET, STE. 100 NEW BRIGHTON, MN 55112

SUBJECT: C.U. TITLE SERVICES, INC.

Ref. Number: W17000038932

We have received your document for C.U. TITLE SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 417A00008960



Mortgage Title Realty Investments Business Lending

May 16, 2017

Division of Corporations 2661 Executive Circle W Tallahassee, FL 32301

Reference: Number: W17000038932

To Whom It May Concern:

Please find enclosed the letter from your department, our application and a Certificate of Good Standing for the State of Minnesota.

If you need anything further from me, I can be reached at 651-746-6422 or via email at aford@cucompanies.com

Regards,
Olison Ford
Alison Ford