

F17000004591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

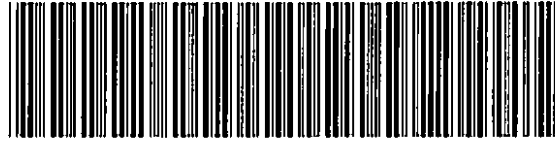
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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[Handwritten Signature]
10/13/17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT 12 AM 8:02

FILED

17 OCT 12 AM 11:05

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 855038 7393788

AUTHORIZATION :

COST LIMIT :

[Handwritten Signature]
\$ 70.00

ORDER DATE : October 10, 2017

ORDER TIME : 4:04 PM

ORDER NO. : 855038-005

CUSTOMER NO: 7393788

FOREIGN FILINGS

NAME: CERIDIAN CARES U.S.

XXXX QUALIFICATION (TYPE: NP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ceridian Cares U.S., 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:

Karen Pichler-Shaw
Name of Person
Ceridian HCM, Inc.
Firm/Company
3311 East Old Shakopee Road.
Address
Bloomington, MN 55425-1640
City/State and Zip Code
karen.pichler-shaw@ceridian.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Pichler-Shaw at (952) 853-3488
Name of Person Area Code Daytime Telephone Number

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$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. Ceridian Cares U.S., 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. Minnesota (State or country under the law of which it is incorporated) 3. 81-4989645 (FEI number, if applicable)

4. 01/17/2017 (Date of Incorporation) 5. (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. 3311 East Old Shakopee Road, Bloomington, MN 55425-1640 (Principal office address)

(Current mailing address, if different)

8. The Corporation is organized and shall be operated exclusively for charitable purposes. (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, Florida 32301 (City) (Zip Code)

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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.

(Registered agent's signature)

Mejissa Zender Asst. Vice President

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 addresses of officers and/or directors

A. DIRECTORS

Chairman: See Attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Jeff Jacobs, Treasurer
(Typed or printed name and capacity of person signing application)

Name	Address	Phone
Jeff Jacobs - Treasurer	3311 E. Old Shakopee Road Minneapolis, MN 55425	952-853-3086
Ted Malley – Vice Chair	465 Canyon Way Arroyo Grande, CA 93420	805-270-4775
William McDonald - Secretary	3311 E. Old Shakopee Road Minneapolis, MN 55425	952-548-5010
Lisa Sterling – Chair of the Board	6441 S 86th Street Lincoln, NE 68526	952-853-4401
Lainie Cooney - Director	930 S. Rockefeller Ave. Ontario, CA 91761	909-975-5749
Jay Greaves - Director	17390 Brookhurst Street Fountain Valley, CA 92708	714-292-5302
Davetta Rinehart - Director	41 C Old Oyster Point Road Newport News, VA 23602	757-223-7925 ext. 205
Todd Simmons -Director	3201 34 th Street South St. Petersburg, FL 33711	727-395-8322

**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: Ceridian Cares U.S.
Date Filed: 01/17/2017
File Number: 928948300025
Minnesota Statutes, Chapter: 317A
Home Jurisdiction: Minnesota

This certificate has been issued on: 10/03/2017



Steve Simon

Steve Simon
Secretary of State
State of Minnesota