

F19000002299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

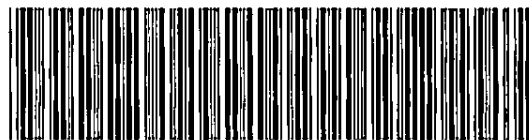
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SCOTT

MAY 14 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEMBERS Capital Advisors, 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:

Beverly Lochner

	Name of Person
CUNA Mutual Group	
	Firm/Company
5910 Mineral Point Road	
	Address
Madison WI 53705	
	City/State and Zip code
corporateregulatoryreporting@cunamutual.com	
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly Lochner	at ( 608 )	665-8617
Name of Person	Area Code	Daytime Telephone 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

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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. MEMBERS Capital Advisors, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

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

2. Iowa 3. 42-1183222  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/06/1982 5. perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/01/2013  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2000 Heritage Way, Waverly IA 50677  
(Principal office address)  
5910 Mineral Point Road, Madison WI 53705  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

**9. 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.*

C T Corporation System

By:  James M. Halpin  
Assistant Secretary  
(Registered agent'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.

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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: N/A

Address: \_\_\_\_\_

Director: David G. Brown, Director ✓  
~~XXXXXXXXXX~~

Address: 5910 Mineral Point Road

Madison WI 53705

Director: Paul D. Barbato ✓

Address: 5910 Mineral Point Road

Madison WI 53705

Director: Benjamin T. Wydick ✓

Address: 5910 Mineral Point Road

Madison WI 53705

**B. OFFICERS**

President: David G. Brown ✓

Address: 5910 Mineral Point Road

Madison WI 53705

Vice President: N/A

Address: \_\_\_\_\_

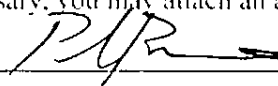
Secretary: Paul D. Barbato ✓

Address: 5910 Mineral Point Road, Madison WI 53705

Treasurer: Brian J. Borakove ✓

Address: 5910 Mineral Point Road, Madison WI 53705

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

12. 

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.

13. Paul D. Barbato, Secretary

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

IOWA SECRETARY OF STATE  
PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 3/20/2019

Name: MEMBERS CAPITAL ADVISORS, INC. (490 DP - 7786)

Date of Incorporation: 7/6/1982

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Certificate ID: CS165387

To validate certificates visit:

[sos.iowa.gov/ValidateCertificate](https://sos.iowa.gov/ValidateCertificate)

A handwritten signature in cursive script that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State