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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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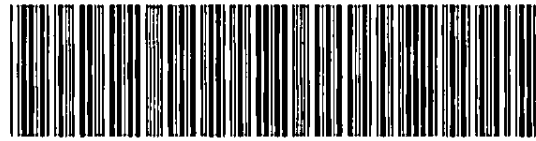
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
MAR 16 11 29

FILED

MAR 2 2020  
T. LEMIEUX

**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

**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. CU Cooperative Systems, 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. California 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/29/1981 5. perpetual  
(Date of Incorporation) (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. 9692 Haven Avenue, Rancho Cucamonga, California 91730  
(Principal office street address)

(Current mailing address, if different)

8. See Attachment  
(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: Paracorp Incorporated (see consent attached)  
Office Address: 155 Office Plaza Drive, 1st Floor  
Tallahassee, Florida 32301  
(City) (Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2021 MAR 16 P 11:00  
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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.*

See attached Consent from agent.

\_\_\_\_\_  
(Registered agent's signature)

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. 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**

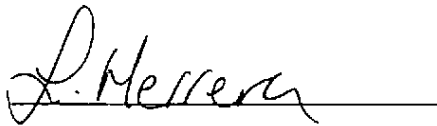
**DATE:** 2/21/2020

**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 Statues.

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.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA  
Secretary of State