

7/27/20

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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FOREIGN PROFIT/NONPROFIT CORPORATION
Together Credit Union

Certificate of Status	0
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Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

Help

JUL 26 2020

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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. Together Credit Union 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.)

Together Credit Union

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

2. Missouri

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. February 28, 1939

(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. 423 Lynch St., St. Louis, MO 63118

(Principal office street address)

(Current mailing address, if different)

8. Non-Profit Credit Union

(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: C T CORPORATION SYSTEM

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip Code)

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.

C T CORPORATION SYSTEM, BY: CHRIS RICKARD, ASSISTANT SECRETARY

(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

<input type="checkbox"/> Chairman	Name: Robert McKay	<input type="checkbox"/> Chairman	Name: Tom Kraus
<input type="checkbox"/> Vice Chairman	Address: 423 Lynch St	<input type="checkbox"/> Vice Chairman	Address: 423 Lynch St
<input type="checkbox"/> Director	St Louis, MO 63118	<input type="checkbox"/> Director	St Louis, MO 63118
<input type="checkbox"/> President		<input type="checkbox"/> President	
<input type="checkbox"/> Vice President		<input type="checkbox"/> Vice President	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other COO	<input type="checkbox"/> Other
<input type="checkbox"/> Chairman	Name: Jeffrey Knapper	<input type="checkbox"/> Chairman	Name:
<input type="checkbox"/> Vice Chairman	Address: 423 Lynch St	<input type="checkbox"/> Vice Chairman	Address:
<input type="checkbox"/> Director	St Louis, MO 63118	<input type="checkbox"/> Director	
<input type="checkbox"/> President		<input type="checkbox"/> President	
<input type="checkbox"/> Vice President		<input type="checkbox"/> Vice President	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Chairman	Name: Ron Kammererth	<input type="checkbox"/> Chairman	Name:
<input type="checkbox"/> Vice Chairman	Address: 423 Lynch St	<input type="checkbox"/> Vice Chairman	Address:
<input type="checkbox"/> Director	St Louis, MO 63118	<input type="checkbox"/> Director	
<input type="checkbox"/> President		<input type="checkbox"/> President	
<input type="checkbox"/> Vice President		<input type="checkbox"/> Vice President	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other	<input type="checkbox"/> Other CFO	<input type="checkbox"/> Other	<input type="checkbox"/> 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. Robert McKay
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert McKay, CEO
(Typed or printed name and capacity of person signing application)

Governor Michael L. Parson
State of Missouri



Department of Commerce
and Insurance
Chlora Lindley-Myers, Director

DIVISION OF CREDIT UNIONS

301 West High Street, Room 680
P.O. Box 1607
Jefferson City, Missouri 65102-0690
Telephone 573/751-3419
<http://www.cu.mo.gov>

Kenneth J. Bonnot
Division Director

December 30, 2019

Mr. Robert McKay, President
Together Credit Union
423 Lynch Street
St. Louis, MO 63118

Dear Mr. McKay:

This letter is to certify that Together Credit Union is an active charter in Good Standing with the Division of Credit Unions, State of Missouri.

If you have any questions or need further information, please contact our office.

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Bonnot", written over a horizontal line.

Kenneth J. Bonnot
Director
Missouri Division of Credit Unions