

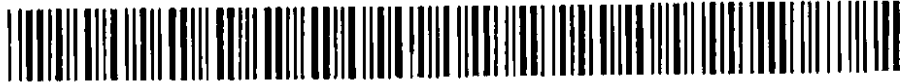
8/24/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : URS AGENTS LLC  
Account Number : I20150000127  
Phone : (800)567-4397  
Fax Number : (800)567-4398

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: darinl@weendeavor.com**FOREIGN PROFIT/NONPROFIT CORPORATION**

Clay County Rural Telephone Cooperative, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLAY COUNTY RURAL TELEPHONE COOPERATIVE, 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:

Darin T LaCoursiere

Name of Person

CLAY COUNTY RURAL TELEPHONE COOPERATIVE, INC.

Firm/Company

2 S. West Street

Address

Cloverdale, IN 46120

City/State and Zip Code

darinL@weendeavor.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Clark

Name of Person

at ( 800 )  
Area Code

567-4397

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

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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. CLAY COUNTY RURAL TELEPHONE COOPERATIVE, 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. Indiana 3. 35-0978228  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/25/1950 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. Upon Registration  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2 S. West Street, Cloverdale, IN 46120  
(Principal office address)

2 S. West Street, Cloverdale, IN 46120  
(Current mailing address, if different)

8. Voice Over IP Services/Data Services  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

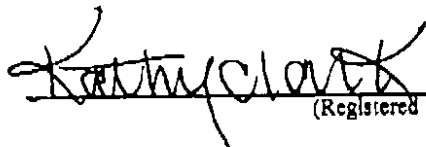
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: URS AGENTS, LLC

Office Address: 3458 Lakeshore Drive  
Tallahassee, Florida 32312  
(City) (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.



Kathy Clark, Asst. 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.

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## 12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: James Ellett  
2 S West Street, PO BOX 237, Cloverdale, IN, 46120  
Address: \_\_\_\_\_

Vice Chairman: Devin Salsman  
2 S. West Street, PO BOX 237, Cloverdale, IN 46120  
Address: \_\_\_\_\_

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

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

**B. OFFICERS**

President: Darin LaCoursiere  
2 S. West Street, PO BOX 237, Cloverdale, IN 46120  
Address: \_\_\_\_\_

Vice President: Devin Salsman  
2 S West Street, PO BOX 237, Cloverdale, IN, 46120  
Address: \_\_\_\_\_

Secretary: Pamela Kivett  
2 S West Street, PO BOX 237, Cloverdale, IN, 46120  
Address: \_\_\_\_\_

Treasurer: Brad Henderson  
2 S West Street, PO BOX 237, Cloverdale, IN, 46120  
Address: \_\_\_\_\_

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

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

14. Darin T. LaCoursiere President/CEO  
(Typed or printed name and capacity of person signing application)

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**State of Indiana  
Office of the Secretary of State**

**CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**CLAY COUNTY RURAL TELEPHONE COOPERATIVE, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 25, 1950, and was in existence or authorized to transact business in the State of Indiana on August 24, 2020.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 24, 2020

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

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All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on September 23, 2020.

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