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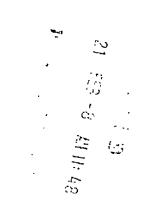
(R	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
(B	usiness Entity Name)			
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Certified Copies	Certificates o	f Status			
Special Instructions to Filing Officer:					

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COVER LETTER

	Registration Section Division of Corporations			
SUBJE	CUneXus Solutions, Inc.			
		corporation -	must include suffix	
Dear Si	r or Madam:			
"Certific	losed "Application by Foreign Corcate of Existence," or "Certificate of Erenced foreign corporation to tra	of Good Stand	ling" and check are submit	tusiness in Florida," ted to register the
Please re Nancy V	eturn all correspondence concernin Varner	g this matter	to the following:	
		Name of P	erson	· · · · · · · · · · · · · · · · · · ·
CUneXu	s Solutions, INc.			
5910 Mi	neral Point Road	Firm/Comp	any	
Madison	ı. WI 53705	Addres	S	
corporat	eregulatoryreporting@cunamutual.com	City/State and	d Zip code	
	E-mail address:	(to be used fo	r future annual report notif	fication)
For furth	ner information concerning this ma	tter, please ca	11:	
Nancy Warner		608 t (665.8662	
	Name of Person	Area Code	Daytime Telephone	e Number
]] !	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Enclosed	d is a check for the following amou	nt:		
■ \$ 70.0	00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$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.

CUNeXus Solut	•			
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATES orp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"		
(If name unavails	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting busing	ness in Florida)	
2. Delaware (State or country under the law of which it is incorporated)			•	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicabl	e)	
7/6/2016 4.	4	perpetual		
4. (Date of incorporation) 1/21/2016 6.		(Date of duration, if other than perpetual)		
50 Old Courthous	(Date first transacted business (SEE SECTIONS 607.1501 & 607. se Square, Suite 300, Santa Rosa, CA 95404	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
	(Prince ont Road, Madison, WI 53705	cipal office address)		
	(Current mai	ling address, if different)		
8. Name and stree	t address of Florida registered agent: (P	.O. Box NOT acceptable)	: :3	
Name:	C T Corporation System		- 61	
Office Address:	1200 South Pine Island Road		: 3	
Villet Madress.	Plantation,	33324	co .	
	(City)	, Florida (Zip code)	- F. J.	ŀ
9. Registered age	ent's accentance			
Having been name designated in this further agree to co	ed as registered agent and to accept ser application, I hereby accept the appoin	vice of process for the above stated corp tment as registered agent and agree to a relative to the proper and complete per of my position as registered agent.	oration at the plac act in this capacity	ce . I
	C T Corporation Sys	stem 1		
By		yu		
		d agent's signature) Olga Hinkel, VP & Assista		
10. Attached is a contract the Department of	ertificate of existence duly authenticated State, by the Secretary of State or other	d, not more than 90 days prior to delivery official having custody of corporate reco	of this application	n to ion

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Address: _____ Vice Chairman: Timothy Kovac Director: 5910 Mineral Point Road Address: Madison, WI 53705 Ronald Chapman Director: 5910 Mineral Point Road Address: Madison, WI 53705 **B. OFFICERS** Dave Buerger President: 5910 Mineral Point Road Address: Madison, WI 53705 Vice President: Paul Barbato Secretary: 5910 Mineral Point Road, Madison, WI 53705 Brian Borakove Treasurer: 5910 Mineral Point Road, Madison, WI 53705 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer

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

Paul Barabio, Secretary

a third degree felony as provided for in s.817.155, F.S.

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CUNEXUS SOLUTIONS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JANUARY, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202349572

Date: 01-22-21