

Office Use Only

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 11/22 DANNY

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XX FILING

FOREIGN LLC

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TALLAHASSEE, FL

1. **FAMILYMEANS CORPARATION**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2021

CORPORATE ACCESS, INC.

SUBJECT: FAMILYMEANS CORPORATION
Ref. Number: W21000151301

Corrected
Please send
Letter for credit
on overage

We have received your document for FAMILYMEANS CORPORATION and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please add at least 6 officers to the application. The remaining officers will be added to the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 721A00028427

RECEIVED
2021 NOV 24 PM 4:20
TALLAHASSEE, FLORIDA

**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. FAMILYMEANS CORPORATION

(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. Minnesota 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/09/1963 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. 1875 Northwestern Ave., Stillwater, MN 55082
(Principal office street address)

(Current mailing address, if different)

8. see attached
(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: Registered Agent Solutions, Inc.
Office Address: 155 Office Plaza Dr. Suite A
Tallahassee, Florida 32301
(City) (Zip Code)

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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.

Brenda Wray

(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.



FamilyMeans

BETTER IS POSSIBLE

FamilyMeans
RE: Estimate#13971

Board & Officers, attached to email

Business Purpose:

FamilyMeans strengthens communities by helping individuals and families through challenges in all life stages. The Financial Solutions program helps support this mission through services that assist families and individuals in handling financial stress and budgeting confusion. This is accomplished through the following programs: Financial Education, Budget and Debt Counseling, Debt Management Program (DMP).

Name & Title of Signing Officer for agreement:
James Kroening, President & CEO



COUNSELING & THERAPY



CAREGIVING & AGING



EMPLOYEE ASSISTANCE
PROGRAM



YOUTH DEVELOPMENT



FINANCIAL SOLUTIONS



CENTER FOR GRIEF
& LOSS

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TALLAHASSEE, FL

716 Northwest 1st Ave. N.
Stillwater, MO 65082

M: 651-439-4040
F: 651-439-4804

FamilyMeans.org

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: Brian Gunderson
☐ Vice Chairman Address: 14925 114th St. N
☐ Director Stillwater, MN 55082
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Jim Kroening
☐ Vice Chairman Address: 1528 Benson Blvd W
☐ Director Stillwater, MN 55082
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Kelly Hansen
☐ Vice Chairman Address: 1875 Northwestern Ave S
☒ Director Stillwater MN 55082
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Susannah Torseth
☐ Vice Chairman Address: 2712 Croixwood Blvd.
☐ Director Stillwater, MN 55082
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Melissa Harris
☐ Vice Chairman Address: 30 Windsor Wood Path
☐ Director Hudson, WI 54036
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Lisa Holsten
☐ Vice Chairman Address: 1875 Northwestern Ave S
☒ Director Stillwater MN 55082
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ 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. James Kroening
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James Kroening, President & CEO
(Typed or printed name and capacity of person signing application)

**ADDITIONAL DIRECTORS
FOR
FAMILYMEANS**

List of Directors:

Name	Address
Erin Rowison	1875 Northwestern Ave. S, Stillwater, MN 55082
Beth Wiggins	1875 Northwestern Ave. S, Stillwater, MN 55082

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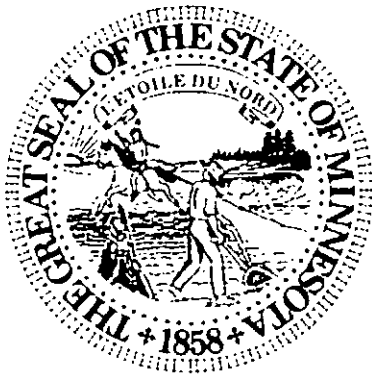
**CLERK OF DISTRICT COURT
JULIA MASSE, CL**

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	FamilyMeans
Date Filed:	05/09/1963
File Number:	E-681
Minnesota Statutes, Chapter:	317A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 11/22/2021



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota

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