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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

adnual report mailings. Enter only one email address please.**

the email address for this business entity to be used for future

mail Address:

FOREIGN PROFIT/NONPROFIT CORPORATION CUE, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

K. SALY

MAR - 1 2024

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.

CUE, Inc.			
(Name of corporting language) in the name at a	oration; must include the word "INCORPORAT age as will clearly indicate that it is a corporation resent, "Company" or "Co." may not be used as	ED" or "CORPORATION" or words or abbouinstead of a natural person or partnerships a corporate suffix by a nonprofit corporati	oreviations of like if not so contained on.)
	unity for Positive Employee Relations Inc.		
(If name unav	ailable in Florida, enter alternate corporate name	e adopted for the purpose of transacting bus	iness in Florida)
2. North Carolina	a ,	56-1916998	
(State or cou	a ntry under the law of which it is incorporated)	(FEI number, it applicable)	-,
4. 01/04/1995	5		
(1	Date of Incorporation)	(Date of duration, if other than)	perpetual)
6.			
(Date first cond	neted affairs in Florida if prior to registration. See	sections 617 1801 & 617,1502, F.S. to deter-	mine penalty hability)
	STE 300 St. Petersburg FL 33702		, , ,
7. 7301 44130 N		ce street address)	
	Qi tincipai Orti	ce street address)	
7901 4th St N S	STE 300 St. Petersburg FL 33702		
<u> </u>	(Current mailing	address, if different)	- · · · · · · · · · · · · · · · · · · ·
CUE, Inc. is a	nonprofit organization dedicated to helping emp	loyers create positive and forward looking w	orkplaces, 👡
(Purpose(s) of	nonprofit organization dedicated to helping empleoration authorized in home state or country	to be carried out in the state of Florida)	TO TO
9. Name and str	eet address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	앞 등
Name:	Northwest Registered Agent LLC		B 29 P
	7901 4th St N STE 300		
Office Address:			PH 4: 07
	St. Petersburg	Florida ³³⁷⁰²) 22. o
	(City)	(Zip Code)	0,5

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.

(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

	2/29/2024	13:19:47	PST
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To: 18506176383

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Fax: 8134365206

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTO	RS			
∐Chairman	Fischetti, Michael Name:	L. Chairman	Huston, Elizabeth Name:	
□Vice Chairman	Address.	Uvice Chamman	Address.	
X Director	7901 4th St N STE 300	Ϫ Director	7901 4th St N STE 300	
□President	St. Petersburg FL 33702	□ President	St. Petersburg FL 33702	
El Vice President		□ Vice President		
☐ Secretary	□Trensurer	☐ Secretary	□Treasurer	
□Other:	Other:	(ÎOther:	Other:	
□Chainnan	Loughlin, Karen	⊏Chairman	Morris, Brad Name:	
□Vice Chairman	Address.	\subseteq \text{Vice Chairman}	Address:	
X Director	/901 4th St N STE 300	XDirector	7901 4th SLN STE 300	
□President	St. Petersburg FL 33702	President	St. Petersburg FL 33702	
□Vice President		ElVice President		
□ Secretary	☐ Freasurer	☐ Secretary	□Treasurer	
□Other:	☐ Other:	☐ Other:		
□Chairman	Name:	Chanman		
□Vice Chairman	Address:	□ Vice Chairman	Address:	
XDirector	7901 4th St N STE 300	□ Director	555 Z9 M	
□President	St. Petersburg FL 33702	President	FE	
□Vice President		□Vice President	Jane 1	
☐ Secretary	□Treasurer	□ Secretary	☐ Treasurer	
□Other:	☐ Other:	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. **Company of Chairman** (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CUE, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 4th day of January, 1995, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

FILED
2024 FEB 29 PM 4: 02





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of February, 2024.

Elaine I Marshall