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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

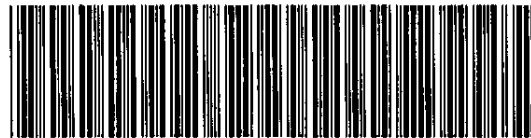
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2017 FEB -6 PM 4:35

M. MILLIGAN  
FEB 08 2017

Nancy Warner  
Analyst IV  
Enterprise Services  
Phone: 608.665.8662  
Fax: 608/236-6671  
E-mail: [nancy.warner@cunamutual.com](mailto:nancy.warner@cunamutual.com)



TO Secretary of State – Florida

DATE: January 19, 2017

**SUBJECT: CUNA Mutual Management Services, LLC  
(a foreign limited liability company)**

Enclosed please find an Application by Foreign Limited Liability Company for the above entity.

If you have any questions about the filing, please contact me at the following address or by telephone or e-mail as set forth in the upper left-hand corner of this letter.

5910 Mineral Point Road  
Madison, WI 53705

Enclosed please find a check the amount of \$155.00 to cover the filing fees associated with this filing.

An extra copy of the filing is enclosed. I would appreciate receiving a copy of the approved filing in the enclosed self-addressed, stamped envelope.

Thank you for your time and consideration.

enclosure

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CUNA Mutual Management Services, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Nancy Warner

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

5910 Mineral Point Road

\_\_\_\_\_  
Address

Madison, WI 53705

\_\_\_\_\_  
City/State and Zip Code

corporateregulatoryreporting@cunamutual.com

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

For further information concerning this matter, please call:

Nancy Warner

608

665.8662

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2017 FEB -6 PM 4:09

TALLAHASSEE, FLORIDA

January 26, 2017

NANCY WARNER  
PO BOX 391  
MADISON, WI 53701-9915

SUBJECT: CUNA MUTUAL MANAGEMENT SERVICES, LLC  
Ref. Number: W17000007478

We have received your document for CUNA MUTUAL MANAGEMENT SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 317A00001649

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CUNA Mutual Management Services, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Iowa  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 39-0230590  
(FEI number, if applicable)

4. upon approval  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2000 Heritage Way  
Waverly, IA 50677  
(Street Address of Principal Office)

6. 5910 Mineral Point Road  
Madison, WI 53705  
(Mailing Address)

7. 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, Florida 33324  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

By: James M. Halpin  
C T Corporation System  
James M. Halpin, Assistant Secretary  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

CMFG Life Insurance Company - Member  
5910 Mineral Point Road  
Madison, WI 53705

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Steven R. Suleski  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Steven R. Suleski, SVP  
Typed or printed name of signee

**IOWA SECRETARY OF STATE  
PAUL D. PATE**



**CERTIFICATE OF EXISTENCE**

Date: 1/18/2017

Name: CUNA MUTUAL MANAGEMENT SERVICES, LLC (489DLC - 448959)

Date of Incorporation: 12/31/2012

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: **CS130040**

To validate certificates visit:

**[sos.iowa.gov/ValidateCertificate](http://sos.iowa.gov/ValidateCertificate)**

A handwritten signature in black ink, reading "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State