# M1900000000004

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
101/5 (D. C.C.) 101/5							





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- 09/12/19--01015--604 ••
- 10/16/19==01014==018 \*\*





September 24, 2019

NANCY WARNER 5910 MINERAL POINT RD MADISON, WI 53705

SUBJECT: COMPLIANCE SYSTEMS, LLC

Ref. Number: W19000086119

We have received your document for COMPLIANCE SYSTEMS, LLC and your check(s) totaling \$625.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THERE IS A FEE DUE OF \$138.75,

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.

Letter Number: 419A00019695

Brooke N Kinsey Regulatory Specialist II

www.sunbiz.org

### COVER LETTER

· Divi	sion of Corporations						
SUBJECT:	Compliance Systems, LLC						
3000.000	Name of Limited Liability Company						
				zation to Transact Business in Florida," Cert nited liability company to transact business i			
Please return :	all correspondence co	ncerning this matter to the	following:				
	Nancy Warner						
	Name of Person						
	CMFG Life Insurance Company						
	Firm/Company						
	5910 Mineral Po	int Road					
	Address						
	Madison, WI 53	705					
	City/State and Zip Code						
		yreporting@cunamutual.c					
		E-mail address; (to be use	d for future annua	al report notification)			
For further int	formation concerning	this matter, please call:					
Nane	cy Warner		608 at (	665.8662			
	Name of	Contact Person	Area Code	e Daytime Telephone Number			
Divis Regis P.O.	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, F1, 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Pleas	osed is a check for the se make check payable \$125.00 Filing Fee	following amount: to: FLORIDA DEPAR'  \$130.00 Filing Fee &	_	ATE 0 Filing Fee & S160.00 Filing Fee, 0			
		Certificate of Sta		fied Copy of Status & Certified			

11.057 - 6/25/2019 Wolters Kluwer Online

TO:

Registration Section

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

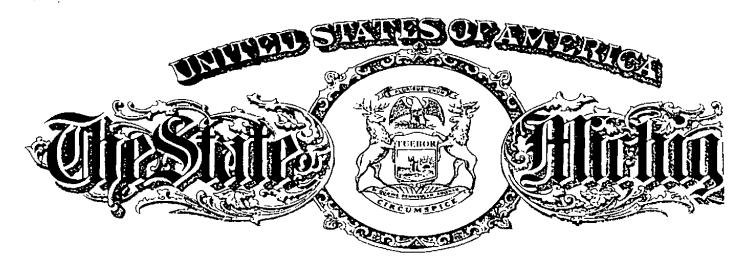
IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMIT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Compliance Systems, I					
(Name of Foreign	Limited Liability Company, must include "Limite	ed Labiht	y Company," "L.L.C.," or "LLC.")		
ilf name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	onda The a	Iternate name must include "Limited Liability C	ompany," "L.L.C," or	
Michigan 2.		3.	38-3095544		
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, (Expplicable)		
11/16/2018 4.					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration	i   hability)	_	
1575 Arboretum Dr. Suite 406 (Street Address of Principal Office)			5910 Mineral Point Road (Mailing Address)		
5. (Street Address of i	rincipal Office)		(Mailing Address)		
Grand Rapids, MI 495	46		Madison, WI 53705		
				3	
7. Name and street addres	s of Florida registered agent: (P.O. Box	: <u>NOT</u> :	acceptable)		
Name:	C T Corporation System		<del>-</del> ,	₹ 5	
Office Address:	1200 South Pine Island Road			i P	
	Plantation		33324 Florida		
	(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 to designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furt to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiand accept the obligations of my position as registered agent.

By: /X/L Tracy Kellner, Assistant Secretary



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That COMPLIANCE SYSTEMS, LLC

was validly authorized on March 18, 1993, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY. and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credi given it in every court and office within the United States.



Sent by electronic transmission

In testimony whereof, I have hereunto set my lain the City of Lansing, this 23rd day of August, 201

Julia Dale, Director

Corporations, Securities & Commercial Licensing

Certificate Number: 19085014150