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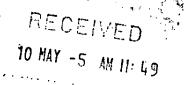
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SECRETARY OF STATE
AHASSEE, FLORA

EP 5/6/10

W10000019200





# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 22, 2010

TRIMMIER, L.L.C. 2737 HIGHLAND AVE S BIRMINGHAM, AL 35205-1726

SUBJECT: CREDIT UNIONS INTERNATIONAL

Ref. Number: W10000019700

We have received your document for CREDIT UNIONS INTERNATIONAL and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of 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) 245-6062.

Eula Peterson Regulatory Specialist II New Filing Section

Letter Number: 610A00010012

# **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Healthcare	Credit	Unions	Internationa	l, Inc.	
OCDOECT.	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )					
m		(4)		<b>.</b>		
Enclosed is a	n original and one	(1) copy of t	the Articles	of Incorporation and	a check for:	
∏\$7 Filing	Ć	\$78.75 Filing Fee & Certificate of status		**************************************	\$87.50 Filing Fee, Certified Copy & Certificate	
				ADDITIONAL COPY REQUIRED		
					•	

NOTE: Please provide the original and one copy of the articles.

## Articles of Incorporation

Of

Healthcare Credit Unions International, Inc. A Florida Non-Profit Business Association

### ARTICLE I

Name

The name of this corporation shall be Healthcare Credit Unions International, Inc.



### ARTICLE II

### Place of Business and Address

The principal office of Healthcare Credit Unions International in the State of Florida shall be located in the City of Jacksonville, County of Duval, Florida. The mailing address shall be: 4320 Deerwood Lake Parkway, Suite 101-455, Jacksonville, Florida 32216. The Association may have such other offices, either within or without the State of Florida, as the Board of Directors may designate or as the business of the Association may require from time to time.

### ARTICLE III

### Purpose

Section 1. This Association shall be operated exclusively as a business league, an association of persons having a common business interest, whose purpose is to promote the common business interest and not to engage in a regular business of a kind ordinarily carried on for profit. Its activities are directed to the improvement of business conditions of Healthcare affiliated Credit Unions.

Section 2. This Association shall observe and adhere to all local, state and federal laws pertaining to non-profit organization as defined in section 501(c)(6) or the Internal Revenue Service Code and Chapter 617, of the Florida Statutes.

Section 3. The Association's purpose will be to:

- a. Disseminate knowledge, encourage information sharing between and among Healthcare Credit Unions.
- b. Provide opportunity for discussion, review, and consideration of the various issues in the Credit Union industry, and the promotion of the improvement of business conditions as a whole.

### ARTICLE IV

### Director Election

Section1. Whenever a vacancy exists on the Board of Directors, whether by death, resignation, or otherwise, the vacancy shall be filled by a majority vote of the remaining directors at a regular or special meeting of the board.

Section 2. Any director may be removed, with or without cause, by the vote of two-thirds of the directors at any regular meeting or special meeting called for that purpose. At any such meeting, any vacancy caused by the removal may be filled.

Section 3. Any person elected to fill a vacancy in the Board of Directors shall hold office for the unexpired term of his/her predecessor in office, subject to the power of removal contained herein.

### **ARTICLE V**

### **Directors**

Director 1: Maurice J. Pilver

Address: 4320 Deerwood Lake Parkway, Suite 101-455, Jacksonville, FL 32216

Director 2: John Saatela

Address: 10861 Cherry St. Suite 107, Los Alamitos, CA 90720

Director 3: C. Stephen Trimmier

Address: 2737 Highland Avenue, Birmingham, AL 35205

ARTICLE VI

The name and street address of the initial Registered Agent is:

Name: Maurice J. Pilver

Address: 4320 Deerwood Lake Parkway, Suite 101-455, Jacksonville, FL 32216

### **ARTICLE VII**

The name and address of the Incorporator is:

Name: Maurice J. Pilver

Address: 4320 Deerwood Lake Parkway, Suite 101-455, Jacksonville, FL 32216

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent Date

Maurice J. Pilver as Agent

Signature/Incorporator Date

Maurice J. Pilver as Incorporator

10 HAY -5 PM 3: 08
SECRETARY OF STATE