

Q17000000015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

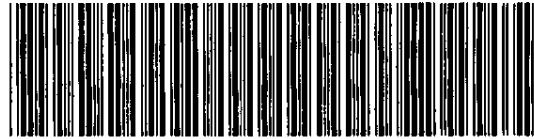
(Business Entity Name)

(Document Number)

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RUSH | MARSHALL

TRADITION. SERVICE. INTEGRITY.

FLETCHER G. RUSH (1917-2003)
CHARLES V. MARSHALL (1929-1994)
DAVID B. JONES
ROGER A. KELLY
ROBERT S. HOOFMAN*
GARY J. LUBLIN
ROBERT J. WATSON, JR.
ANDREW W. HOUGHINS
**also admitted Texas*

Sondra Powell Building
1516 East Colonial Drive, Suite 300
Orlando, Florida 32803

407-425-5500
Facsimile 407-423-0554

djones@rushmarshall.com

January 4, 2017

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

Re: Registered Agent
Partners Federal Credit Union

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Financial Institution, and our check for the \$35.00 fee, are submitted for filing.

Please return all correspondence concerning this matter to me.

Thank you.

Very truly yours,


David B. Jones

Encl:

Designation of Registered Agent
check for \$35.00

**DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR
ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION**

PURSUANT TO SECTION 607.0505 OR 655.0201, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. Partners Federal Credit Union
(Name of alien business organization or financial institution)

2. United States of America 3. 04-3655668
(State or country under which entity is organized) (FEI Number, if applicable)

4. 13705 International Drive South, Orlando, FL 32821
(Principal office address)

5. Name and Florida Street address of registered agent.

Monica Cosentino-Benedict

13705 International Drive South

Orlando, FL 32821

6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7. 
(Signature of chairman, vice chairman, or officer)

8. Brian Kairnes, Chief Risk Officer
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent: Monica Cosentino-Benedict

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505 or 655.0201, Florida Statutes.

Monica Cosentino-Benedict

(Registered agent accepting appointment)

12-19-16

(Date)

**THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT
AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF
FLORIDA.**

FILING FEE \$35

**Make checks payable to Florida Department of State and mail to:
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314**