

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

## **Application for Registration**

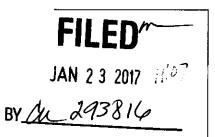
FOREIGN Limited Liability Company

 $\rightarrow$  Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:			
CUNA Mutual Management Services, LLC			
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No X			
The name, if different, under which it proposes to register and transact business in Rhode Island is:			
n/a			
2. The LLC is organized under the laws of: Iowa			
3. The date of its organization is: 12/31/2012			
And the period of its duration is: CHECK ONLY ONE BOX			
Ex Perpetual (on-going)			
Date certain for dissolution			
4. The name and address of the resident agent/office in Rhode Island is:			
Agent Name C T Corporation System			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence, State RHODE ISLAND Zip Code 02914			
5. The Department of State is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.			
6. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:			
2000 Heritage Way, Waverly, IA 50677			

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



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7. The mailing address for the limited liability company is:

5910 Mineral Point Road, Madison, WI 53705

8. Management of the Limited Liability Company:

The limited liability company is managed:

By its members (If you have checked this box, go to Section 9. (**DO NOT** fill out the chart below.)

By one (1) or more managers (List managers below)

MANAGER	ADDRESS		
		••••••••••••••••••••••••••••••••••••••	
9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the			
state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.			
10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX			
X Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the day of filing)			
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any			
accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of LLC		Date	
CUNA Mutual Management Services, LLC		1/20/2017	
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Signature of Authorized Person			
Steven R. Suleski, Secretary			

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## IOWA SECRETARY OF STATE PAUL D. PATE

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

Paul D. Pate, Iowa Secretary of State



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

## I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

## and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

