## F0500000a450

	Requesto	ors Name)	
	(Address)		<del></del>
	(Address)		
	City/State	Zip/Phon	e#)
PICK-UP		WAIT	MAIL
	Business	Entity Na	ne)
	(Documer	nt Number)	
Certified Coples		Certificate	s of Status
Special Instructions	to Filing (	Officer:	
lam <b>e</b> vailabili <b>ty</b>			
ocument xaminer	- Offi	ce Use Or	ily
Joda'er	~ ^^;		
Joria er Jeriëyer	00 <b>0</b>		
kckno : ledgement	DCC		
∴ P. Verifyer	DCC		



400050401144

04/19/05--01087--001 \*\*87.50

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: C. Tucker Cope & Associates Inc.  (Name of corporation - must include suffix)
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Linda S. Cope (Name of Person)
(Name of Person)
C. Tuckee Cope & Associates Inc  (Firm/Company)  170 Duguesue Steet  (Address)
(Firm/Company)
170 Duguesne Street
(Address)
Calumbiana OH 44408 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Linda or Jeanne at (330) 482-4472 PM 5 (Name of Person) (Area Code & Daytime Telephone Number) ARA TO AREA TO
(Name of Person)  (Area Code & Daytime Telephone Number)  STREET ADDRESS:  Registration Section  Division of Corporations 409 E. Gaines St.  Tallahassee, FL 32399  (Area Code & Daytime Telephone Number)  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ Certificate of Status & Certified Copy Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION 607.1503, FLOR EGIGN CORPORATION TO TRANS			
1. (Enter name of se	C. Tuckee Cope & orporation; must include "INCORPOR	ASSOCIAT	ES INC.	219
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")	ATED," "COMPAN	rr," "CORPORATIO	Ν,"
(If name unavaila	ble in Florida, enter alternate corporate	name adopted for the	ne purpose of transacting	ng business in Florida)
2	Ottio	3 <i></i> 3	4 - 1255 8 (FEI number, if app	78
(State or country t			^	
4	7/7/78	5	PERPETUAL	<u> </u>
(Date	of incorporation)	(Duration:	Year corp. will cease to	o exist or "perpetual")
5	<i>N /</i> A			
	(Date first transacted bus (SEE SECTIONS 607.1501 &			ity)
7	170 Aluguesne St (Principal offi	Colui	nbiana, OH	44408
	Same (Current maili	ng address)		
. 70 mm	CN/BUILD CONS		201	
	of corporation authorized in home state			orida),
_	t address of Florida registered agent	-		ZEC ALL
Name:	LINDA S. COL	<del></del>		APR I
Office Address:	3825 Emeeald	AUE	-	INY OF
	St James City (City)	, Floric	la 33954	DF STS
	(City)		(Zip code)	25 <b>5</b>
designated in this ( further agree to co	ent's acceptance: ed as registered agent and to accept application, I hereby accept the appoint with the provisions of all state with and accept the obligations of	pointment as regis tutes relative to the	tered agent and agre proper and comple	d corporation at the place ee to act in this capacity. I
	Girda S.	Case		
	rots z'ingek naratsteren 't Kegisteren agent's Stor	naniref		

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

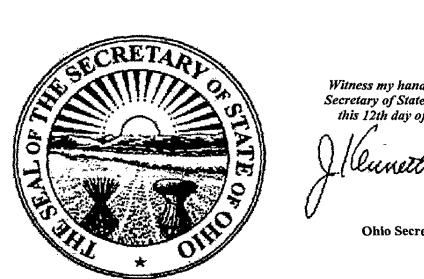
A. DIRECTORS	
Chairman: C. THOMAS COPE	
Address: 180 DUQUESNE ST	
COKUMBIANA, OH YYYOX	_
Vice Chairman:	
Address: 3825 EMERALO AVE	
ST. TAMES CITY, FL 33956	
Director: C. TUCKER COPE	
Address:	
COLUMBIANA OH YYYO8	
Director:	
Address:	_
B. OFFICERS	
President: C. Thomas Cope	
Address: 180 luguesne St.	
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Vice President: C. Tucker Cope  Address: 111 Northwest	
Address: 111 Northwest 500 500	
1, 1 0 V	
Address: 180 Duquesne St. Columbiana of H 44408	
Treasurer: Linda S. Cone	
Address: 180 lluguesne St Columbiana OH 444	00
V	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. Signature of Director or Officer listed in number 12 of the application)	

LINDA S. COPE

(Typed or printed name and capacity of person signing application)

## United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show C. TUCKER COPE & ASSOCIATES, INC., an Ohio corporation, Charter No. 519223, having its principal location in Fairfield Township, County of Columbiana, was incorporated on July 07, 1978 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of April, A.D. 2005

**Ohio Secretary of State** 

Validation Number: V2005102A5DB0F