

F13000002366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

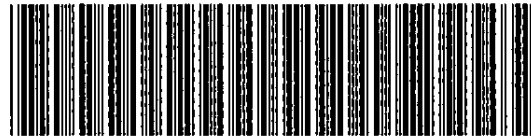
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/28/13--01060--013 **78.75

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13 MAY 28 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

END 6/3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Coover - Clark & Associates, Inc.
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," or "Certificate of Good Standing" 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:

Stefanie Cerko
Name of Person

Coover - Clark & Associates, Inc
Firm/Company

1936 Market Street
Address

Denver, CO 80202
City/State and Zip code

StefCerko@CooverClark.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stefanie Cerko at (303) 783-0040
Name of Person Area Code & Daytime Telephone Number

Teri Bruinsma Same

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Coover-Clark & Associates, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Colorado 3. 84-1214255
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Oct 21 1992 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. No date
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1936 Market Street Denver, CO 80202
(Principal office address)

Same as Above
(Current mailing address)

8. Architecture
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

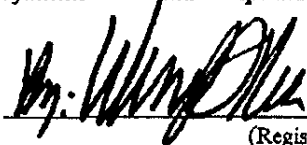
NRAI Services, Inc.

Office Address:

1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

NRAI Services, Inc.

Wendy D Rea, Assistant Secretary

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.

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MAIL ROOM
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Carol Coover-Clark

Address: 2382 S. Carr Ct.

Lakewood CO. 80227

Director: Dave Clark

Address: 2382 S. Carr Ct.

Lakewood CO. 80227

B. OFFICERS

President: Carol Coover-Clark

Address: 2382 S. Carr Ct.

Lakewood CO. 80227

Vice President: _____

Address: _____

Secretary: Dave Clark

Address: 2382 S. Carr Ct. Lakewood, CO 80227

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Carol Coover-Clark

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATE OF COLORADO

DEPARTMENT OF
STATE

CERTIFICATE

I, SCOTT GESSLER, SECRETARY OF STATE OF THE STATE

COLORADO HEREBY CERTIFY THAT ACCORDING TO THE RECORDS OF THIS
OFFICE,

COOVER-CLARK & ASSOCIATES, INC.
(COLORADO CORPORATION)

BECAME INCORPORATED UPON FILING ARTICLES OF INCORPORATION
DATED OCTOBER 21, 1992.

I FURTHER CERTIFY THAT SAID ENTITY HAS COMPLIED WITH ALL
APPLICABLE REQUIREMENTS OF THIS OFFICE, AND IS IN GOOD
STANDING WITH THIS OFFICE.

Dated: May 21, 2013

SECRETARY OF STATE

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SECRETARY OF STATE
MELANIE S. FLEISCHER