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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : EDWARDS WILDMAN PALMER LLP
Account Number : 075410001517
Phone : (561) 833-7700
Fax Number : (561) 655-8719

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: keith@copleysystems.com

FOREIGN PROFIT/NONPROFIT CORPORATION
Copley Retention Systems, Inc.

Certificate of Status	1
Certified Copy	1
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CONVERTED FROM FL LLC TO DELAWARE CORPORATION.

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13 JUN 14 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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13 JUN 14 AM 11:59

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1/1

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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. Copley Retention Systems, 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. DELAWARE

(State or country under the law of which it is incorporated)

Applied For

3. _____

(FEI number, if applicable)

4. May 30, 2013

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing. (converted from FL LLC to Delaware corporation 5/30/13)

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 16301 Malibu Drive, Weston FL 33326

(Principal office address)

16301 Malibu Drive, Weston FL 33326

(Current mailing address)

8. Engage in all lawful activities or business permitted in the State of Florida.

(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:

Edward C. Clougherty

Office Address:

16301 Malibu Drive

Weston FL

(City)

, Florida 33326

(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)

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

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A. DIRECTORS

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Director : Keith Clougherty
Address: c/o Copley Retention Systems, Inc.
16301 Malibu Drive, Weston FL 33326

Director: Thomas DiBenedetto
Address: c/o Copley Retention Systems, Inc.
16301 Malibu Drive, Weston FL 33326

Director: Lauren Walters
Address: c/o Copley Retention Systems, Inc.
16301 Malibu Drive, Weston FL 33326

Director: _____

Address: _____

B. OFFICERS

President: and CEO: Keith Clougherty
Address: c/o Copley Retention Systems, Inc., 16301 Malibu Drive, Weston FL 33326

Vice President: _____

Address: _____

Secretary: Edward C. Clougherty
Address: c/o Copley Retention Systems, Inc., 16301 Malibu Drive, Weston FL 33326

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. Edward C. Clougherty, Secretary

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

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CHIEF OF BUREAU - DEPARTMENT OF STATE

(((H13000135491 3)))

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13 JUN 14 AM 11:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COPLY RETENTION SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COPLY RETENTION SYSTEMS, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0474454

DATE: 05-31-13

www.es.state.fl.us/pdmpa/www

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