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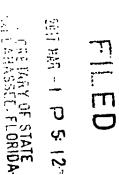
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: P.A. W. 17 - 14813					

Office Use Only



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February 20, 2017

KERRI L. KOPERVOS 1125 ATLANTIC AVE, 3RD FLOOR ATLANTIC CITY, NJ 08401

SUBJECT: COOPER LEVENSON, P.A.

Ref. Number: W17000014813

We have received your document for COOPER LEVENSON, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An accepatable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 917A00003332

Stacey M Warren Regulatory Specialist II

www.sunbiz.org



1125 Atlantic Avenue Atlantic City, NJ 08401 Phone: 609,344,3161 Toll Free: 800,529,3164 Fax: 609,344,0939 www.cooperlevenson.com

Direct Phone (609) 572-7436 Direct Fax (609) 572-7437

FILE NO.:

KERRI L. KOPERVOS

EMAIL: kkopervos@cooperlevenson.com

Florida Department of State Registration Section Division of Corporations 2661 Executive Center Circle

Tallahassee, FL 32314

Re: Cooper Levenson, P.A.

To Whom It May Concern:

Enclosed please find an original and one copy Application by Foreign Corporation for Authorization to Transact Business in Florida together with a check in the amount of \$78.75 to cover recording costs and to obtain a Certificate of Status. A Good Standing Certificate from the State of New Jersey is included herewith. Please return the Certificate of Status and a stamped copy of the original to my attention in the envelope provided.

February 15, 2017

Thank you for your attention to this matter.

Very truly yours.

Kérri L. Kopervos, Paralegal

Robert E. Salad

KLK/KLK Enclosure CLAC 3187645.1

COVER LETTER

TO:	Registration Section Division of Corporation						
SHRI	Cooper Lever	son, P.A.					
SUD	ECT	Name of corpora	ation - m	ust include suffix			
Dear S	Sir or Madam:						
"Certi	ficate of Existence,"	by Foreign Corporation or "Certificate of Good or poration to transact by	Standin	g" and check are sub	ct Business in Florida," mitted to register the		
	return all correspond L. Kopervos	lence concerning this m	atter to	the following:			
		Nam	e of Per				
Сооре	r Levenson, P.A.	rvain	c or i ci.	3011			
	-	Firm/	Compar				
1125	Atlantic Ave., 3rd Floor		•	•			
		F	ddress				
Atlant	ic City, NJ 08401						
•••		City/St	ate and 2	Zip code			
kkope	rvos@cooperlevenson.c						
		E-mail address: (to be u	sed for	future annual report i	notification)		
For fu	rther information cor	cerning this matter, ple	ase call:				
Kerri Kopervos 609			,	572-7436			
Name of Person		at (Area	Code	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclo	sed is a check for the	following amount:					
☐ \$7	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		78.75 Filing Fee & ertified 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.

Cooper Levenson, P.A., Incorporated

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION."

(If name unavai	able in Florida, enter alternate corporate name add	opted for the purpose of transacti	ng business in Florida)		
New Jersey		22-1971679			
August 11, 197		(FEI number, if applicable)			
(Date of incorporation) Upon filing 6.					
Same as above	(Principal o	office address)			
	(Current mailing a	ddress, if different)			
Name and stree	et address of Florida registered agent: (P.O. E Michael Salad, Esq.	Box NOT acceptable)	133557H7 10 A8VE3E 1 1 - EVR		
fice Address:	1580 Sawgrass Corporate Parkway, Suite 130		D 5:		
	Sunrise	— 33323 _ , Florida	5: 12 TATE ORIDA		
		. Florida	~		

9. 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)

10. 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.

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

A. DIRE				
Chairman:	Lloyd D. Levenson, Esquire			
Address:	1125 Atlantic Avenue, 3rd Floor, Atlantic City, New Jersey 08401			
,				
- Vice Chair	rman:			
Address:				
Addiess.				
- Director:	Robert E. Salad, Esquire			
	1125 Atlantic Avenue, 3rd Floor, Atlantic City, New Jersey 08401			
	<u></u>			
Director:	Kenneth D. Wolfe, Esquire			
	1125 Atlantic Avenue, 3rd Floor, Atlantic City, New Jersey 08401	<u></u>		
B. OFFI	CERS	هرر د ا چرو د	2017	
President [,]	Robert E. Salad, Esquire	၁၈ ၁၈၈ ၁၈၈	==1 ;PE	77
	1125 Atlantic Avenue, 3rd Floor, Atlantic City, New Jersey 08401	12 S	<u>ः</u>	-
Addiess.			77	m
		FSTA	ئن <u>ل</u>	0
Vice Presi	dent:			
Address:				·
	Michael Jacobson, Esquire			
Secretary:	1125 Atlantic Avenue, 3rd Floor, Atlantic City, New Jersey 08401			<u>.</u>
Address:				
Treasurer:	<u> </u>			
Address:		<u></u>		
	If necessary, you may attach an addendum to the application listing additional of	ficers and/or	directo	rs.
12	Signature of Director or Officer			
	er or director signing this document (and who is listed in number 11 above) affirm			
	and that he or she is aware that false information submitted in a document to the Eagree felony as provided for in s.817.155, F.S.	zeparanem o	i state	constitutes
13.	Robert E. Salad, President.			
	(Typed or printed name and capacity of person signing application	n)		

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

COOPER LEVENSON, P.A.

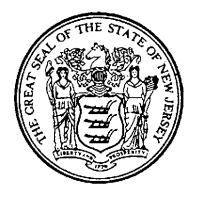
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Professional Corporation was registered by this office on August 11, 1972.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MICHAEL JACOBSON, ESQUIRE 1125 ATLANTIC AVE 3RD FLOOR ATLANTIC CITY, NJ 08401



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 14th day of February, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number: 6077640588

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

COOPER LEVENSON, P.A.

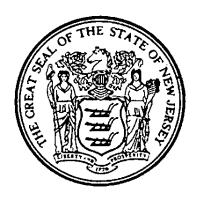
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