

F18000003764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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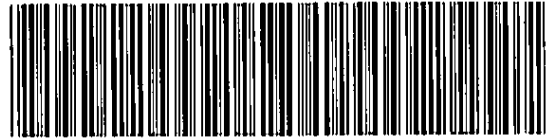
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 AUG 15 AM 10:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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AUG 16 2018

2311 AUG 15 PM 3:50

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 348625 7941640

AUTHORIZATION

COST LIMIT : \$ 70.00



ORDER DATE : August 14, 2018

ORDER TIME : 3:23 PM

ORDER NO. : 348625-005

CUSTOMER NO: 7941640

FOREIGN FILINGS

NAME: COWDEN ASSOCIATES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

**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.*

Cowden Associates, Inc.

1. _____
(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. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

09/22/1994

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

4 Gateway Center 19th, Pittsburgh, PA 15122
7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
_____. Florida _____
(City) (Zip code)

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.

Corporation Service Company

By: _____

Emily Croft

Asst. Vice President

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: *Adam C. Reed, Gregory L. Williams, Norman L. Brown, Jr.

Address: 5664 Prairie Creek Dr SE, Caledonia, MI 49316

Director: _____

Address: _____

B. OFFICERS

President: *Elliott N. Dinkin

Address: 4 Gateway Center 19th, Pittsburgh, PA 15122

Vice President: *Robert Cmjarich, Bradford Rigby, David A. Borra, Lesa Votovich

Address: 4 Gateway Center 19th, Pittsburgh, PA 15122

Exec VP: Adam C. Reed, Norman L. Brown Jr, Matthew Schweinzger-5664 Prairie Creek Dr SE, Caledonia, MI 49316

Secretary: *Adam C. Reed

Address: 5664 Prairie Creek Dr SE, Caledonia, MI 49316

Treasurer: *Norman L. Brown, Jr.

Address: 5664 Prairie Creek Dr SE, Caledonia, MI 49316

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

12. Adam C. Reed
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Adam C. Reed- Director, Secretary and Executive Vice President

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

08/14/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

COWDEN ASSOCIATES, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC180814151549-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>