

Division of Corporations

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# F19000001889

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : API PROCESSING  
Account Number : I20110000069  
Phone : (954)567-0013  
Fax Number : (954)567-3401

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

Email Address: kathy@apiprocessing.com

## FOREIGN PROFIT/NONPROFIT CORPORATION

Triad, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2019 APR 17 11:23:50

2019 APR 17 AM 10:34

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4/15/2019 3:03:31 PM PAGE 1/001 Fax Server

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April 15, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

API PROCESSING

SUBJECT: TRAIID, INC.  
REF: W19000036690

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P93000074557 "TRIAD INCORPORATED".

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.

Karen A Saly  
Regulatory Specialist IIFAX Aud. #: W19000120088  
Letter Number: 319A00007583

# 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. Triad, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. Missouri 3. 80-0728621  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 2, 2011 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon qualification.  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 809 SE Willow Ridge Drive, Blue Springs, MO 64014  
(Principal office address)  
809 SE Willow Ridge Drive, Blue Springs, MO 64014  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: API Processing - Licensing, Inc.  
Office Address: 3419 Galt Ocean Drive, Suite A  
Fort Lauderdale, Florida 33308  
(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.

Kathy Ballman

(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.

2019 APR 17 11:10:34

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

## A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: Kerry CopenhagenAddress: 809 SE Willow Ridge Drive, Blue Springs, MO 64014

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Cynthia CopenhagenAddress: 809 SE Willow Ridge Drive, Blue Springs, MO 64014

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

12. [Signature] \_\_\_\_\_  
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. Kerry Copenhagen, President

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

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

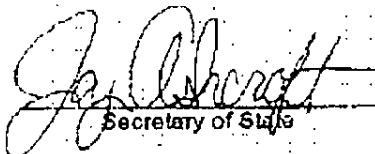
**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

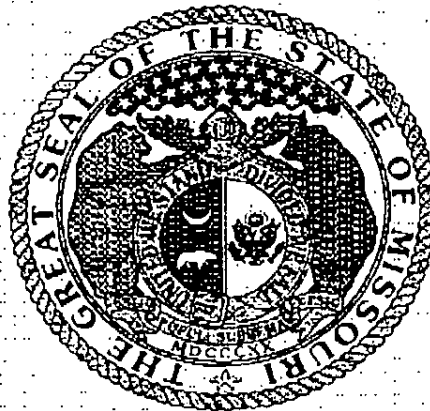
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

*Triad, Inc.*  
*CC1146093*

was created under the laws of this State on the 2nd day of June, 2011; and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 11th day of April, 2019.

  
Secretary of State



Certification Number: CERT-04112019-0001