

F19000002630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

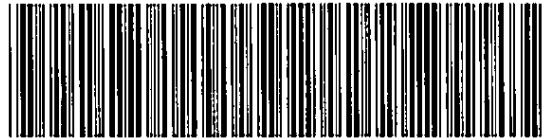
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Albert requested that
I add "." after INC

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2019

KATHLEEN ROBERTS
26 LATHAM PKWY
MELROSE PARK, PA 19027

SUBJECT: COOPER MYLES, INC
Ref. Number: W19000050690

We have received your document for COOPER MYLES, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 619A00010599

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cooper Myles, 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:

Kathleen J. Roberts

Name of Person

Cooper Myles, Inc

Firm/Company

26 Latham Parkway

Address

Melrose Park, PA 19027

City/State and Zip code

Hal@atcmg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harold "Hal" Albert

386

316-6783

at (_____) _____

Name of Person

Area Code

Daytime Telephone 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

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.*

Cooper Myles, 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. Wyoming 3. 83-3789663
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 21, 2019 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. May 13, 2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 801 International Parkway, 5th Floor, Lake Mary, Florida, 32746
(Principal office address)

Same as above

(Current mailing address, if different)

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

Name: Harold A. Albert

Office Address: 454 South Beach Street
Ormond Beach, Florida 32174
(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.



(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. DIRECTORS

Chairman: Renee A. Santos
Address: 111 Mohawk Drive
West Hartford, CT 06117

Vice Chairman: Kathleen J. Roberts
Address: 26 Latham Parkway
Melrose Park, PA 19027

Director: Harold A. Albert
Address: 454 South Beach Street
Ormond Beach, FL 32174

Director: Richard D. Santos
Address: 111 Mohawk Drive
West Hartford, CT 06117

B. OFFICERS

President: Renee A. Santos
Address: 111 Mohawk Drive
West Hartford, CT 06117

Vice President: Richard D. Santos
Address: 111 Mohawk Drive
West Hartford, CT 06117

Secretary: Harold A. Albert
Address: 454 South Beach Street Ormond Beach, FL 32174

Treasurer: Kathleen J. Roberts
Address: 26 Latham Parkway Melrose Park, PA 19027

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

12. _____
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.817.157, F.S.

13. Harold A. Albert Secretary
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Cooper Myles, Inc.

is a


Profit Corporation

formed or qualified under the laws of Wyoming did on **February 21, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000842743**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of March, 2019 at 1:24 PM. This certificate is assigned 030357830.




Secretary of State