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COVER LETTER

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	tration Section ion of Corporations					
CHD IF CT.	Woda Cooper Companie	s. Inc.				
SUBJECT	Na	me of corporation	- must	include suffix		
Dear Sir or M	adam:					
"Certificate o	"Application by Foreign f Existence." or "Certificed foreign corporation	cate of Good Stan	ding`` a	nd check are submi	Business in Flori itted to register th	da," ne
Please return	all correspondence conc	erning this matter	to the	following:		
Lisa Stephens						
<u> </u>		Name of	Person			
Woda Cooper	Companies, Inc.					
		Firm/Con	ıpany	.		
500 South Fro	nt Street, 10th Floor		•			
		Addr	ess			
Columbus, Ol	143215					
		City/State a	nd Zip	code	<u> </u>	
lstephens@wo	rdagroup com					
		dress: (to be used	for futu	re annual report no	titication)	<u> </u>
For further in	formation concerning the					2078 .111.22
Lisa Stephens	_	at (<u></u>)	Daytime Telepho		
Nan	ne of Person	Area Cod	le	Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		\$. 50	
Enclosed is a Please make o		DA DEPARTMEN'	□ \$78.	FATE 75 Filing Fee & ified Copy	S87.50 Filir Certificate	of Status &

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.

Woda Cooper C	ompanies, Inc. orporation; must include "INCORPORATEL	" "COMPANY " "CORPORATION"	
	orp," "Inc," "Co," or "Corp.")	COMPLY, COM ORALION,	
(If name unavaila	ble in Florida, enter alternate corporate nam	e adopted for the purpose of transacting busin	ess in Florida)
Ohio	1	26-0430251	
(State or countr	or country under the law of which it is incorporated) (FEI number, if applicable)		:)
06/12/2007	5		
(Date of incorporation)		(Date of duration, if other than perpetual)	
		in Florida, if prior to registration)	
500 C F 6	•	1502, F.S., to determine penalty liability)	
	Street, 10th Floor, Columbus, OH 43215	flice street address)	
	(Principal o	ffice street address)	
	(Current mail	ing address, if different)	
	(Curen man	ing address, if differenty	7621
Name and stree	et address of Florida registered agent: (P	() Box NOT acceptable)	7670 JAT 22
Traine and <u>sage</u>	Damon Canfield	.o. box <u>.to.</u> uccepuoto)	2
Name:	Danion Camicia		
ffice Address:	6045 Chardonnay Lane, Unite 203		-
	Naples	, Florida 34119	,
	(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.

A. DIRECTORS						
□Chairman	Name: Jeffrey J. Woda	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	10th Floor	□Director	10th Floor			
□President	Columbus, OH 43215	□President	Columbus, OH 43215			
□Vice President		■ Vice President				
Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other		□Other	□Other			
Director	Name:	□Chairman □Vice Chairman □Director	Name:			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
□()ther		■ Other <u>Corpora</u>	tte Counsel			
□Chairman	Jennifer Ricci	□Chairman	Name:			
□Vice Chairman	Addiess	□Vice Chairman	Address:,			
□Director	10th Floor	□Director	(
□President	Columbus, OH 43215	□President	22 F			
□Vice President		□Vice President	P: 1-5!			
■ Secretary	□Treasurer	☐ Secretary	☐Treasurer 5			
□Other	Other	□Other	□Other			
The officer or dire she is aware that first saware that sawa	ctor signing this document (and who is listed in numberalse information submitted in a document to the Depart	nt of State Annual R r Officer r 11 above) affirms t	that the facts stated herein are true and that he or			

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show WODA COOPER COMPANIES, INC., an Ohio corporation, Charter No. 1706681, having its principal location in Westerville, County of Franklin, was incorporated on June 12, 2007 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 15th day of January, A.D. 2020.

1 flore

Ohio Secretary of State

Validation Number: 202001503290