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## COVER LETTER

10:	Division of Corpora					
SUBJ	JECT:	Cooper Parry IT, Inc				
		Name of corporation	on - mu	st include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence,"	by Foreign Corporation for "Certificate of Good State of G	anding"	and check are subn		•
Please	return all correspond	ence concerning this matt	er to the	e following:		
		Timoth	y Cofr	in		
		Name o	f Perso	n		
		Aprio (	Cloud			<u>73</u>
	Firm/Company			20/02:19		
	2870 Peachtree Road #708					
		Ado	lress			٥
		Atlanta, C	A 303	05		PH 11: 2"
		City/State	and Zi	p code		 ->>
		tax@apric				<u>.</u>
	ì	E-mail address: (to be used	i ior iui	ture annual report no	ottrication)	
For fu	rther information con	cerning this matter, please	call:			
Timothy Cofrin at (470) Name of Person Area Code		)	223-2135  Daytime Telephone Number			
	Name of Person	Area Co	oae	Daytime Teleph	ione Number	
	STREET/COURI Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	n ations hassee reet, Suite 810		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	
	sed is a check for the make check payable to	following amount: FLORIDA DEPARTMEN	T OF S	STATE		
		\$78.75 Filing Fee & Certificate of Status	□ \$78	2.75 Filing Fee & ctified Copy	S87.50 Filing Fe Certificate of St 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.

l	Cooper P	arry IT, Inc.		
		orporation; must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If na	me unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting business	in Florida)
2. D	)elaware	3.	84-4593240	
(Sta	te or country	under the law of which it is incorporated)	(FEI number, if applicable)	
40	2/23/2020	5		
	(Date	of incorporation)	(Date of duration, if other than perpe	tual)
6.	03/31/2020	)		
/·		•	22, F.S., to determine penalty liability)	<del> </del>
	2870 Peac	htree Road #708, Atlanta GA 30305		<del></del>
	e and <u>stree</u> Name: Address:	(Current mailing t address of Florida registered agent: (P.O Registered Agents Inc.  7901 4th St N STE 300 St. Petersburg	33702	2020 HTT 19 PETT 29
		(City)	, Florida (Zip code)	
		(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 Agents Inc.
Bill Havre - Assistant Secretary

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

### A. DIRECTORS

□Chairman	Name: Kirstine Archer	□ Chairman :	Name:	
□Vice Chairman	Address: 7700 Windrose Ave.	□Vice Chairman	Address:	
□Director	Suite G300	□Director		
□President	Plano TX 75024	□President	_	
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
Mother CFO	Other	□Other	<del></del>	□Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□ Vice President		□Vice President	<del> </del>	
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other	<del></del>	Other
□Chairman	Name:	□ Chairman	Name:	2020
□Vice Chairman	Address:	□Vice Chairman	Address:	<del></del>
□Director		□Director		
□President		□President		<u>고</u>
□Vice President		□Vice President		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□ Other	□Other		Other
	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep.	artment of State Annual Rep		purposes only. Non-indexed
12	Kirstine Ar			
	Signature of Director signing this document (and who is listed in malse information submitted in a document to the D  Kirstine Archer, CFO	imber 11 above) affirms the		

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COOPER PARRY IT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COOPER PARRY IT, INC." WAS INCORPORATED ON THE THIRD DAY OF FEBRUARY, A.D. 2020.



Authentication: 202457529

Date: 02-25-20