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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

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FOREIGN PROFIT/NONPROFIT CORPORATION COPILOT PROVIDER SUPPORT SERVICES, INC.

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M. SOLOMON

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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 COPILOT PRO	OVIDER SUPPORT SERVICES, INC.				
	orporation; must include "INCORPORATED," " orp," "Inc." "Co," or "Corp.")	COMPANY," "CO	DRPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpos	se of transacting business in Fl	orida)	
2. New York	3.				
(State or countr	y under the law of which it is incorporated)	(FE	I number, if applicable)		
4. 05/04/2011	5.				
(Date	5 5	(Date of du	ration, if other than perpetual)		
6					
·	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502				
7,7901 4th St N S	TE 300 St. Petersburg FL 33702				
	(Principal	office address)	· <u>-</u>		
7901 4th St N S	STE 300 St. Petersburg FL 33702	-			
	(Current mailing	address, if different)		. ~
8. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> accept	table)	2 A C C	TOP AZAZ
Name:	Name: Registered Agents Inc.			731, 754 107, 708 77, 708	10
Office Address:	7901 4th St N STE 300			ें कें। 	
	St. Petersburg	Florida 3370)2	. 191 - 201 201 - 201 201 - 201 - 201	∓. ಬ
	(City)		p code)	7 7	~
Having been nan designated in this further agree to d	ent's acceptance; ned as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rel familiar with and accept the obligations of the	nt as registered a ative to the prope	igent and agree to act in the er and complete performan gistered agent.	is capac	ity. I
	Sel Name Bil	l Havre	- Assistant Secretary		
***	(Registered ag	ent'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:		
Address:		
		.
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
		2020 Şek
B. OFFICERS		# 49
President: Nuaman Tyyeb		- T
Address: 7901 4th St N STE 300		\$6 TE
St. Petersburg, FL USA 33702		
Vice President:		. 7
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
		officers and/or directors
NOTE: If necessary, you may attach an adder 12.	we have	streets and/or directors,
Sig	nature of Director or Officer	
The officer or director signing this document (are true and that he or she is aware that false it a third degree felony as provided for in s.817.1	formation submitted in a document to the	

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

13. Nuaman Tyyeb President

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of COPILOT PROVIDER SUPPORT SERVICES, INC. was filed on 05/04/2011, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



Witness my hand and the official seal of the Department of State at the City of Albany, this 08th day of July two thousand and twenty.

Braden C Higher

Brendan C. Hughes Executive Deputy Secretary of State

202007090346 · MS