**Division of Corporations** 8/27/24

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	Division of Cor	porations	
	Fax Number	: (850)617-6383	
From:			
	Account Name	: LEGALZOOM.COM INC.	
	Account Number	: 120010000062	
		: (323)962-8600	
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## FOREIGN PROFIT/NONPROFIT CORPORATION COPELAND CLINICAL AI INC.

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: COPELAND CLINICAL ALINC.	
Name of corporation - mu	ast include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	" and check are submitted to register the
Please return all correspondence concerning this matter to the	ne following:
Cheyenne Moseley	
Name of Person	on
Legalzoom.com, inc.	
Firm/Company	4
101 N Brand Blvd 11th Fl	
Address	
Glendale, CA 91203	
City/State and Z	ip code
gallowayconsulting@gmail.com	
E-mail address: (to be used for fi	iture annual report notification)
For further information concerning this matter, please call:	
Cheyenae Moseley at ()	773-0888
Name of Person Area Code	Daytime Telephone 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
	STATE 8.75 Filing Fee & S87.50 Filing Fee, criffed Copy 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.

(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)  Delaware  3. 85-0677223  (State or country under the law of which it is incorporated)  (Date of duration, if applicable)  4/3/2020  5. (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  100 Beach Dr. NE, Ste. 1202, St. Petersburg, FL 33701-3968  (Principal office street address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Robert E Galloway  100 Beach Dr. NE, Ste. 1202  St. Petersburg  (City)  9. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the parameter and agree to act in this capacitation. I hereby accept the appointment as registered agent and agree to act in this capacitation.	COPELAND CL			
(State or country under the law of which it is incorporated)  (FEI number, if applicable)  (FEI number, if applicable)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (OB Beach Dr. NE, Ste. 1202, St. Petersburg, FL 33701-3968  (Principal office street address)  (Current mailing address, if different)  Name:  Robert E Galloway  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (FEI number, if applicable)  (Caternitae to registered)  (Caternitae to registered)  (Caternitae this applicable)  (City)  (City)	(Enter name of co	rporation; must include "INCORPORATED," ' rp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATH	", ''
(State or country under the law of which it is incorporated)  (FEI number, if applicable)  (FEI number, if applicable)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  100 Beach Dr. NE, Ste. 1202, St. Petersburg, FL 33701-3968  (Principal office street address)  (Current mailing address, if different)  Name:  Robert E Galloway  (City)  (City)  (City)  (City)  (City)  (City)  (FEI number, if applicable)  (Patentian, if prior to registration, if other than perpetual)  (Patential different)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Current mailing address)  (Current mailing address)  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (FEI number, if applicable)  (Date of duration, if other than perpetual)  (Patential duration, if other than perpetual)  (City)  (Current mailing address)  (City)	(If name unavaila	ble io Florida, enter alternate corporate name add	opted for the purpose of transact	ting business in Florida)
(State or country under the law of which it is incorporated)  4/3/2020  (Date of incorporation)  (Date of duration, if other than perpetual)  07/01/2020  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  100 Beach Dr. NE, Ste. 1202, St. Petersburg, FL 33701-3968  (Principal office sitest address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  100 Beach Dr. NE, Ste. 1202  St. Petersburg  (City)  St. Petersburg  (City)  Registered agent's acceptance:  Having been named as registered ugent and to accept service of process for the above stated corporation at the p		ç	5-0677223	
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(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  100 Beach Dr. NE, Ste. 1202, St. Petersburg, FL 33701-3968  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Robert E Galloway  100 Beach Dr. NE, Ste. 1202  St. Petersburg  (City)  Registered agent's acceptance:  Invine been named as registered agent and to accept service of process for the above stated comparation at the performance in this replication. I berefin accept the appointment as registered agent and agree to act in this capacitation.		5	(C. )	
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(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  100 Beach Dr. NE, Ste. 1202, St. Petersburg, FL 33701-3968  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Robert E Galloway  100 Beach Dr. NE, Ste. 1202  St. Petersburg  (City)  Registered agent's acceptance:  Javing been named as registered agent and to accept service of process for the above stated corporation at the p	07/01/2020			
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Robert E Galloway  Office Address:  St. Petersburg  (City)  Registered agent's acceptance:  Javing been named as registered agent and to accept service of process for the above stated corporation at the playing been named as registered agent and agree to act in this capacity.		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	Torida, it prior to registration) 2, F.S., to determine penalty liab	oility)
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Name:    Robert E Galloway   100 Reach Dr. NE, Stc. 1202   500	Name and stree	a address of Florida registered agent: (P.O.	Box NOT acceptable)	202
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A A Robert E Galloway		1 1. 1	Robert E	Galloway
Robert E Galloway  (Registered appropriature)	/	Solelite Golleway		

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.

<sup>11.</sup> 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: Kobert E Galloway	CiChairman	Name: Richard J Jones	
□ Vice Chairman	Address:	□Vice Chairman	Address: 100 Beach Dr. NE, Stc. 1202	
Director	St. Petersburg, FL 33701-3968	<b>Director</b>	St. Petersburg, FL 33701-3968	
President		President		
☐ Vice President		□Vice President		
USecretary	<b>■</b> Freasurer	□ Secretary	☐ Treasurer	
OOther	Other	Other	□Other	
☐ Chairman	J Jerome Mansmann	□Chairman	Steven Mackenney	
	2601 NE 14th Ave., #109 Address:	☐ Vice Chairman	Address: 100 Beach Dr. NE, Ste. 1202	
Director	Wilteon Manors, FL 33334	Director	St. Petersburg, FL 33701-3968	
President		☐ President		
□Vice President		□Vice President		
<b>■</b> Secretary	☐Treasurer	☐ Secretary	□T:caswer	
Other	DOther	Other	Other	
□ Chairman	Name:	□Сваітван	Name:	
	Address:	□Vice Chairman	Address:	
Director		Director		
President		□President		
		Civice President		
C Secretary	OT) textories	DSecretary	□Træsurer	
Olher		Other	Other	
Important Notice: Use an attachment to report more than six (6). The anachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  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 tru 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

Robert E Galloway, Treasurer

# <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COPELAND CLINICAL AI 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-NINTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COPELAND

CLINICAL AI INC." WAS INCORPORATED ON THE THIRD DAY OF APRIL, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203371730

Date: 07-29-20