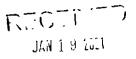
F21000000429

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

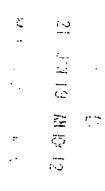
Office Use Only



000358159840



01/20/21--01018--002 **70.00



JAN 2 - MIN TO LET MEANS

COVER LETTER

TO: Registration Sect Division of Corp			
SUBJECT: Drake Coop	per, Inc.		
<u></u>	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence,	on by Foreign Corporation fo " or "Certificate of Good Sta corporation to transact busing	inding" and check are sub-	
Please return all correspo	ondence concerning this matt	er to the following:	
Tom Czarniecki			
•••••	Name o	f Person	
Czarniecki & Company PP	LC		
	Firm/Co	mpany	
10532 W Business Park Ln			
	Add	lress	
Boise 83709			
	City/State	and Zip code	<u> </u>
tom@czarcpas.com			
	E-mail address: (to be used	for future annual report n	otification)
For further information c	oncerning this matter, please	call:	
Tom Czamiecki	at (²⁰⁸	376-4499	
Name of Person	Area Co		hone Number
Registration Sect Division of Corp The Centre of Ta	orations dlahassee Street, Suite 810	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a check for the Please make check payable ★ \$70.00 Filing Fee	to: FLORIDA DEPARTMEN	FT OF STATE S78.75 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.

L D	rake Cooper, f	nc.				
(E		orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATIO	,,NC		
(16	name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing busines	s in Flor	rida)
2. Id	laho	3.	82-0415379			
	State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
4. 00	5/01/1981	5				
'	(Date	of incorporation)	(Date of duration, if other than perpetual)			
6. 1/	1/2021					
V		(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liabi	ility)		
7 790)1 4th St N, ST	E 300, St Petersburh, FL 33702				
,·			ice street address)			
41	6 S. 8th St. #36	00, Boise 1D 83702				
		(Current maili	ng address, if different)			
				i.	55	
8. N	ame and stree	et address of Florida registered agent: (P.0	O. Box NOT acceptable)	•	(<u>-</u>	
	Name:	Northwest Registered Agent LLC				
	Name.	7001 Ath Ct N1 CTC 200		•	()	.;
Offic	e Address:	7901 4th St N. STE 300			51	وال
		St. Petersburg	, Florida ³³⁷⁰²		亞	
		(City)	(Zip code)	`a-	12	

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	Jamie Соорег Name:	□Chairman	Name:	
□Vice Chairman	Address: 1615 Warm Springs Ave.	□Vice Chairman	Address:	
Director	Boise, ID 83712	□Director		
■ President		President		
□Vice President		□Vice President		
Secretary	□Treasurer	Secretary		□Treasurer
Other	Other	Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		☐Treasurer
Other	Other	□Other		□Other
□Chairman	Name:	□ Chairman	Name:	
□ Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	☐Treasurer	□Secretary		□Treasurer
□Other		Other	·	□Other
12. The officer or direction	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department Signature of Director of the signing this document (and who is listed in number also information submitted in a document to the Department.	ent of State Annual Roor Officer	eport form.	I herein are true and that he o
s.817.155, F.S.	T 1			
13	(Typed or printed name and capacity of person	on signing application		



STATE OF IDAHO

Lawerence Denney | Secretary of State **Business Office** 450 North 4th Street PO Box 83720 Boise, ID 83720

January 11, 2021

Request Type: Certificate of Existence/Filing

Request #:

0004128438

Receipt #:

000430003

Regarding:

DRAKE COOPER, INC.

Filing Type:

General Business Corporation (D)

Formation/Qualification Date: 12/17/1987

Status:

Active-Good Standing

Duration Term:

Perpetual

Issuance Date: 01/11/2021

Copies Requested:

File #:

266160

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

DRAKE COOPER, INC.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

Lawerence Denney

Idaho Secretary of State

Processed By: Business Division

Verification #: 010634319

Phone: 208-334-2301 * Email: business@sos.idaho.gov * Website: sosbiz.idaho.gov