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COVER LETTER

TO:		tration Section on of Corporations			
SUBJI	ECT:	Cooper Management Services	s, Inc.		
Name of corporation - must include suffix					
Dear Si	ir or M	adam:			
"Certifi	icate of	'Application by Foreign Co 'Existence," or "Certificate red foreign corporation to tr	of Good Stan	ding" and check are sub	
Please	return a	ill correspondence concerni	ng this matter	to the following:	
Lance A	A, Terry				
			Name of I	Person	
Cooper	/T. Smi	h			
			Firm/Com	pany	
P.O. Bo	x 1566				
			Addre	ss	
Mobile,	AL 36	533			•
			City/State ar	id Zip code	
tax.dept	@соор	ertsmith.com			
		E-mail address	: (to be used fo	or future annual report i	notification)
For furt	ther inf	ormation concerning this m	atter, please ca	all:	,
Lance A	ance A. Terry 251 431-6100				
 · · · ·	Name	of Person	Area Code	Daytime Telep	hone 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		
	iake che	heck for the following amo ick payable to: FLORIDA DE ing Fee	PARTMENT 3 Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

	ement Services, Inc.		
(Enter name of c	corporation; must include "INCORPORATED," Torp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
	•		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florid	
Alabama	3 8	85-0871337	
(State or counti	y under the law of which it is incorporated)	(FEI number, if applicable)	
04/16/2020	5		
	of incorporation)	(Date of duration, if other than perpetual)	
02/01/2021			
	(Date first transacted business in F		
	(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty liability)	
H8 N Royal Stre	et, Mobile, AL 36602		
	(Principal office	street address)	
P.O. Box 1566, 7	Mobile AL 36633		
	(Current mailing a	address, if different)	
Name and stree	et address of Florida registered agent: (P.O. l	Box NOT acceptable)	
Name:	CT Corporation System	<u> </u>	
fice Address:	1200 S. Pine Island Road		
rice Address.	Plantation	73224	
		, Florida	
	(City)	(Zip code)	

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.

> James M. Halpin **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.

A. DIRECTORS	•				
□Chairman	Angus R. Cooper II Name:	□Chairman	Name: David J. Cooper Sr.		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	Mobile. AL 36602	Director	Mobile, AL 36602		
□President		□President			
□Vice President		□Vice President			
□ Secretary	□Treasurer	□Secretary	□Treasurer		
□Other	Other	Other	Other		
	David L. Brock	_	Name:		
□Chairman	Name:	□Chairman			
□Vice Chairman	Address:	☐Vice Chairman	Address: 118 N Royal Street Mobile, AL 36602		
Director	THOUSE, ALL GOODE	□Director	110010, 110 30002		
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	Secretary	☐Treasurer		
■Other CFO		Other	Other		
_	Angus R. Cooper III				
□Chairman	Name:		Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director		□Director			
President		□President			
□Vice President		□Vice President	•		
□Secretary	□Treasurer	□Secretary	□Treasurer		
□Other	Other	Other	Other		
Important Notice: Use an attachment to report more than six (6). The attachment 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					
	/ Signature of Director or	r Officer			
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or 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.					
13. Susan D. Boks Secretary (Typed or printed name and capacity of person signing application)					

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Cooper Management Services, Inc. was formed in Alabama, Alabama on April 22, 2020. The Alabama Entity Identification number for this entity is 628-593. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20210304000022006

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

03/04/2021

Date

X 24. Menill

John H. Merrill

Secretary of State