

**F2 100005013**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000324212 3))



H210003242123ABCR

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

2021 AUG 30 PM 4: 13

SECURE FAX MAIL  
ALLAHASSEE, FLORIDA

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 07535000353  
Phone : (800)221-2972  
Fax Number : (917)243-5843

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

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**The Cooper Family Foundation, Inc**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

2021 AUG 30 AM 4: 17

2021 AUG 30 PM 4: 27

FILED

*Handwritten signature and date: 8/31/21*

### 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.

1. THE COOPER FAMILY FOUNDATION, INC  
(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)

2. NEW YORK 3. 23-3595220  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/01/2018 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

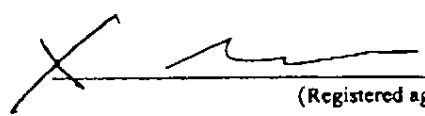
7. 944 SE ATLANTIC DR, LANTANA, FL 33462  
(Principal office street address)

944 SE ATLANTIC DR, LANTANBA, FL 33462  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MARC S COOPER  
Office Address: 944 SE ATLANTIC DR  
LANTANA, Florida 33462  
(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 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.

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

2021 AUG 30 PM 4:28

2021 AUG 30 AM 4:17

A. DIRECTORS

Chairman Name: MARC S COOPER

Vice Chairman Address: 944 SE ATLANTIC DR

Director LANTANA, FL 33462

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

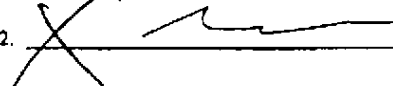
Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

2021 AUG 30 PM 4: 28  
 2021 AUG 30 AM 4: 17

**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

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. MARC S COOPER, President \_\_\_\_\_  
 (Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: THE COOPER FAMILY FOUNDATION, INC.  
 DOS ID Number: 5296234  
 Entity Type: FOREIGN NOT-FOR-PROFIT CORPORATION  
 Entity Status: AUTHORIZED  
 Date of Initial Filing with DOS: 03/01/2018  
 Statement Status: PAST DUE DATE

2021 AUG 30 PM 4: 28  
 2021 AUG 30 AM 4: 17

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: APPLICATION OF AUTHORITY  
 Date of Filing: 03/01/2018  
 Entity Name: THE COOPER FAMILY FOUNDATION, INC.

2021 AUG 30 AM 4: 17

2021 AUG 30 PM 4: 28  
FAX

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 30, 2021 at 03:08 P.M.

ROSSANA ROSADO, Secretary of State



By Brendan C. Hughes  
Executive Deputy Secretary of State

Authentication Number: 100000295947 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <http://www.dos.ny.gov>