(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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2024 JAN 18 AM 9: 52 SECSETARY CESTATE

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

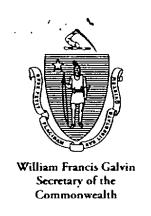
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail)	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)		
Massachusetts 3.		83-3349538			
(State or country under the law of which it is incorporated) (FEI number, if applicable) 5. (Date of duration, if other than perpetual)			
	of incorporation)	(Date of duration, if other th	ian perpetual)		
. <u>N/A</u>			, , , , , , , , , , , , , , , , , , , 	_	
		n Florida, if prior to registration) 502, F.S., to determine penalty liabilit	yı		
43 Broad S	St., B303, Hudson, MA 0174		. ~		
		ice <u>street</u> address)	024 JAA SECRE		
	(Current maili	ng address. if different)		-	
. Name and stree	et address of Florida registered agent: (P.G	O. Box: NOT acceptable)	• ***	9.29	
Name:	Registered Agents Inc		MH 9: 52	^E CIME!	
Office Address:	7901 4th St N STE 300		# 10		
	St. Petersburg	. Florida 33702 (Zip code)			
	(City)	(Zip code)			
laving been nan	ent's acceptance: ned as registered agent and to accept serv				
	application, I hereby accept the appoints omply with the provisions of all statutes i				

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	Name: Matthew Copeland	□ Chairman	Name:				
□Vice Chairman	Address: 43 Broad St., #B303	□Vice Chairman	Address:				
₹ Director	Hudson, MA 01749	□ Director					
Z President		□President	-				
□Vice President		□Vice President					
Z Secretary	∡ Treasurer	☐ Secretary		☐ Treasurer			
		□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		<u> </u>			
□ President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□ Secretary		□Treasurer			
二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							
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.							



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

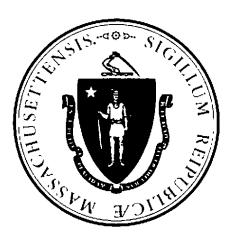
Date: January 05, 2024

To Whom It May Concern:

I hereby certify that according to the records of this office,

COPELAND BUILDING ENVELOPE CONSULTING, INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travino Galicin

Certificate Number: 24010070770

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

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