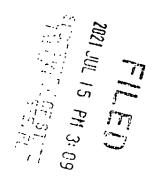
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2021

MARYBETH SAUER 7901 4TH STREET N. SUITE 300 ST. PETERSBURG, FL 33702

SUBJECT: COPENN LLC Ref. Number: W21000037181

We have received your document for COPENN LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 421A00005896

Yvette Scott Document Specialist II

COVER LETTER

ECT:		Penn LC		
	Na	ame of Limited Liability Company		
		ty Company for Authorization to Transact Business in Florida," Certifive referenced foreign limited liability company to transact business in I		
e return all com	espondence concerning this matte	er to the following:		
	Manybet	th Sauer		
_		Name of Person		
	Northwest R	Registered Agents		
		Firm/Company		
	7901 4th st	rect N, Suite 300		
		Address		
	St. Petersh	owg, FL 33702 PB 3		
		City/State and Zip Code		
	mas4	ture @ grad. com		
	E-mail address: (to	be used for future annual report notification)		
rther informati	on concerning this matter, please	call:		
	-			
	lamborn Saver	at (303) 552 6249 Area Code Daytime Telephone Number		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Ad	dress:	Street Address:		
_	on Section	Registration Section		
Division o	of Corporations	Division of Corporations		
P.O. Box		The Centre of Tallahassee		
Tallahass	ee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	a check for the following amount			
Please make	check payable to: FLORIDA D	EPARTMENT OF STATE		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
1	ited Liability Company," "L.L.C.," or "I.L.C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in	a Florida. The alternate name must include "Limited Liability Company," "L. L. C," or "LLC.")
2. Colorado Qurisdiction under the law of which foreign limited liability company is organized)	3. 465 462 890 (FF.1 number, 11 applicable)
4. Within 5 days of process. (De first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to dete	to registration) rimine penalty liability)
5. 1340 Guf Bollevard, (Street Address of Principal Office)	6. O Spiers Road II
#7B	Newton, MA 02459
Clearwater Beach, FL 33767	<u> </u>
33767 7. Name and street address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)
Name: Northwest Regi	stered Agents, LLC
Office Address: 7901 4th Str	eet, N, Suite 300
	, Florida 3370 >
designated in this application, I hereby accept the appointmen	of process for the above stated limited liability company at the place t as registered agent and agree to act in this capacity. I further agree per and complete performance of my duties, and I am familiar with

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
G (Manager	Name: Manyboth Saver Address: 10 Spiers Rd.	Manager	Name: 1	Villiam Sauc
' ∐Member	Address: 10 Spiers Rd.	□Member	Address: <u>{</u>	o Spiers Road
□Authorized	Newton, MA	□Authorized	New	Name and Address: Villiam Sauce O Spiers Road Hon, MA
Person	02459	Person		02459
X Other <u>ASSO</u>	Ciat C Other	Exother Asso	ciate	□ Other
□Manager	Name:	□Manager	Name:	2021
□Member	Address:	□Member	Address:	
	Addicas.		Address.	. 01
□Authorized		□Authorized		The paper
Person		Person		1700 CA 600
Other	Other	□Other		□ Öther_
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Signature of an authorized person

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

CoPenn LLC

is a

Limited Liability Company

formed or registered on 04/17/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141242772.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/30/2021 that have been posted, and by documents delivered to this office electronically through 07/02/2021 @ 09:15:16

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/02/2021 @ 09:15:16 in accordance with applicable law! This certificate is assigned Confirmation Number 13276281



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."