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Florida Department of State
Division of Corporations
Filing Cover Sheet

P160001192283

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.

((H16000119228 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

FILED
16 MAY 13 PM 12:02
TALLAHASSEE, FLORIDA

RECEIVED

16 MAY 13 PM 3:36

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
COOPER'S SUPPORT SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

MAY 16 2016

S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H16000119228

ARTICLE I NAME: The name of the corporation is:

Cooper's Support Services, Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

861 NW Riverside Dr
Port St. Lucie FL 34983

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

JUSTIN COOPER (PRESIDENT)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

JUSTIN COOPER
861 NW Riverside Dr.
Port St. Lucie FL 34983

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

JUSTIN COOPER
861 NW Riverside Dr.
Port St. Lucie FL 34983

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11/30/2023 02:20

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

5/12/16

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Incorporator

5/12/16

Date

H16000119228