

Division of Corporations

P20000090516
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

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

Email Address: _____

20 NOV 20 PM 10:57
FALLA STATE FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION**Copper Acquisition Co.**

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Copper Acquisition Co.**ARTICLE II PRINCIPAL OFFICE**Principal street address880 Carillon ParkwaySt. Petersburg, FL 33716

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any and all lawful business**ARTICLE IV SHARES**The number of shares of stock is: 10,000 shares of common stock, each with a par value of one cent (\$0.01)**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Kim Jenson, Director & PresidentAddress: 880 Carillon ParkwaySt. Petersburg, FL 33716Name and Title: Brock Guice, Director & TreasurerAddress: 880 Carillon ParkwaySt. Petersburg, FL 33716Name and Title: Vashti Jattansingh, Director & SecretaryAddress: 880 Carillon ParkwaySt. Petersburg, FL 33716

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

20 NOV 20 PM 10:57
CALAMASSEE COUNTY
FLORIDA

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System
 Address: 1200 South Pine Island Road
 Plantation, FL 33324.

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kim Jenson
 Address: 880 Carillon Parkway
 St. Petersburg, FL 33716

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 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:


Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

By: C T Corporation System



11/20/2020

Required Signature/Registered Agent

Stephen Rullis
VP & Asst. Secy.

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.



Required Signature/Incorporator

11-20-20
 Date