Florida Department of State

Pzuces of Corporations P24 (etc.) Squares Squa

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : 120030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

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

MECEIVED WASEP 17 PHIZ: 25 FALLAHASSEE, FAIE Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION COOPERBUILD, INC.

| Remarks and the second of the second | <u> </u> |
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| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |

DIVISION OF CURRENATION

| ARTICLE I NAME The name of the corporation | on shall be: | (| Cooper | Build, | Inc. |
|---|---|--------------|--------------|-----------------|--|
| (<i>RTICLE II PRINCI</i> P 276 Fifth A | PAL OFFICE rincipal street addi ve STE 704 PMB ORK, NY 10001 | | | | Mailing address, if different is: 6 Fifth Ave STE 704 PMB 170 NEW YORK, NY 10001 |
| RTICLE III PURPOS | <u> </u> | 1 | CooperBuild, | lnc, is organiz | ad to provide high-quality construction. |
| he purpose for which the | | | | projects that e | anhance the built environment. |
| ur mission is to serve be | ith residential and | l commercial | clients with | innovative solu | tions that meet the highest standards of |
| afety, sustainability, | and craftsmansh | ip. We are | committed t | o fostering st | rong relationship with clients. |
| moloyees, and commu | nities while dr | iving exc | ellence in | every project | t we undertake. CooperBuild, Inc. |
| ims to be a leader in | the construction | industry. | promoting l | ong-term value | and success for all stakeholders. |
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| RTICLE IV SHARE | | 10, 0 | 00 | | |
| The number of shares of si | OCK IS; | | | | |
| ARTICLE V I <u>NITIAL</u> | . OFFICERS ANI | OOR DIRE | CTORS | | |
| Name and Title: | Adam John Hic | ks (CEO/P | RESIDENT) | Name and Title | Di |
| | 276 Fifth Ave STE 704 PMB 170 | | | Address: | |
| Address _ | NEW YOR | <u></u> К МҮ | 10001 | Addition. | |
| - | 11011 | | 10001 | | |
| - | | | _ | | |
| Name and Title: | | | | Name and Title | a: |
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Name and Title:

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| §≆o. 17. 2024 12:22 Name and Tit | PM 1107000 01 0000 | Name and Title: | No. 1744 | | 3 | |
|--|---|---|----------------------------------|--------|-----------------|--|
| Address | | Address: | | | | |
| | | | ··· | | | |
| | | | | | _ | |
| | street address (P.O. Box NOT acceptable) of | the registered agent is: | | | | |
| Name: IN | ICORPORATING SERVICES, LTD. | | | | | |
| Address: | 1540 GLENWAY DRIVE | | | | .2 | |
| | TALLAHASSEE, FL 32301 | | | 24 9 | SEC! | |
| ARTICLE VII INC | <u>ORPORATOR</u> | | | EP 17 | METARY NOT D | |
| The name and addres | s of the Incorporator is: | | | PH | 35 A | |
| Name: | LAWRENCE KIRSCH | | | ڢ | ATS ATS | |
| Address: | 41 STATE STREET SUITE 700 | _ | | Ē | HOP | |
| sa . | ALBANY, NY 12207 | - | | | ()) | |
| (If an effective date i filing.) Note: If the date inse | FECTIVE DATE: r than the date of filing: s listed, the date must be specific and canno rted in this block does not meet the applicable ive date on the Department of State's records. | t be more than five day: | s prior or 90 days | | | |
| | s registered agent to accept service of process fo iar with and accept the appointment as register | | | esigna | ted in this | |
| /S/MELISSA | MOREAU | | 9/16/2024 | | | |
| | Required Signature/Registered Agent | | Date | | | |
| l submit this docume document to the Depa | nt and affirm that the facts stated herein are rtment of State constitutes a third degree felon | true. I am aware that th y as provided for in s.817. | e false information 155, F.S. | ı subn | uitted in a | |
| Law | me a Kish | | 9/16 | /202 | 24 | |
| Required Signature/In | | | Date | | | |