

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.
Account Number : 120010000202
Phone : (941)954-4691
Fax Number : (941)954-2128

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

Email Address: corporation@nhslaw.com

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FOREIGN PROFIT/NONPROFIT CORPORATION
COPE USA, Inc.

Certificate of Status	0
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14599-1
JMC/SPD
S. FRANKLIN
MAY 26 2022

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

H22000 1857103

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.

1. COPE USA, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELWARE

(State or country under the law of which it is incorporated)

3. 87-3169384

(FEI number, if applicable)

4. OCTOBER 5, 2021

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6. OCTOBER 5, 2021

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2430 Vanderbilt Beach Rd., Suite 108-719, Naples FL 34109

(Principal office street address)

(Current mailing address, if different)

2022 MAY 25 AM 11:14

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JOHN M. COMPTON

Office Address: 1819 MAIN STREET, SUITE 610

SARASOTA, Florida 34236 (City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Handwritten signature]

(Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

H22000185 1103

A. DIRECTORS

Chairman Name: Michael Kloep

Vice Chairman Address: 2430 Vanderbilt Beach Rd.

Director Suite 108-719

President Naples, FL 34109

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Vsevolod Onyshkevych

Vice Chairman Address: 5409 Siesta Cove Drive

Director Siesta Key, FL 34242

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director: _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

2022 MAY 25 11:14

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]
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.

13. Vsevolod Onyshkevych
(Typed or printed name and capacity of person signing application)

H2200018

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
 DELAWARE, DO HEREBY CERTIFY "COPE USA, INC." IS DULY INCORPORATED
 UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
 HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
 OFFICE SHOW, AS OF THE SIXTEENTH DAY OF MAY, A.D. 2022.

2022 MAY 25 AM 11:14



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

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SR# 20221946587

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203444185

Date: 05-16-22