

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CGA SC PROVIDER SERVICES, INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TYLER HOLYFIELD, ESQ.

Name of Person

CGA SC PROVIDER SERVICES, INC

Firm/Company

6991 E CAMELBACK RD STE C309

Address

SCOTTSDALE, AZ 85251

City/State and Zip code

licensing@carguardadmin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler Holyfield, Esq.

at (480) 352-1709

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. CGA SC PROVIDER SERVICES, 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. ARIZONA 3. 83-3580046
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/03/2020 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6991 E CAMELBACK RD STE C309, SCOTTSDALE, AZ 85251
(Principal office street address)

1776 N SCOTTSDALE RD #2827, SCOTTSDALE, AZ 85252
(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67TH COURT NORTH

LOXAHACTCHEE, Florida 33470
(City) (Zip code)

FILED
2022 FEB 28 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Courtney Wehrman on behalf of InCorp Services, Inc.
(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]:

A. DIRECTORS

Chairman Name: Trevor Smith
 Vice Chairman Address: 1776 N SCOTTSDALE RD #2821
 Director SCOTTSDALE, AZ 85252
 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

Chairman Name: _____
 Vice Chairman Address: _____
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

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 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. Trevor Smith; President
 (Typed or printed name and capacity of person signing application)

STATE OF ARIZONA



**Office of the
CORPORATION COMMISSION**

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

CGA SC PROVIDER SERVICES, INC

ACC file number: 23075344

was incorporated under the laws of the State of Arizona on 04/03/2020;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 12/02/2021



A handwritten signature in black ink, reading "Matthew Neubert", written over a horizontal line.

Matthew Neubert, Executive Director