

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5368

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN APPLECARE INSURANCE SERVICES INC.

Certificate of Status	0
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FEB 2 4 2015

C. CARROTHERS

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: AppleCare Insurance Services Inc.	of Corporation
DOCUMENT NUMBER: F1:000003238	• • • • • • • • • • • • • • • • • • • •
The enclosed Amendment and fee are submi	itted for filing
	•
Please return all correspondence concerning	this matter to the following:
Debbie Kretsinger	
Name of Contact Person	
UnitedHealth Group Incorporated	
Firm/Company	
9900 Bren Road East	
Address	
Minnetonka, MN 55343 City/State and Zip Code	
debomb.kretsinger@uhg.com	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matt	ter, please call:
Debbie Kretsinger	at (952) 936-6615
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt:
\$35.00 Filling Fee & S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

	ECTION I r be completed)	54 7
F11000003238		Eli g
	er of corporation (if known)	7>
) AppleCare Insurance Services Inc.	s on the records of the Department of Star	t=1
(Anamo or corputation as it appear	s on the records of the Department of Sin	w <i>)</i>
2. California	3, 08/04/2011	
(Incorporated under laws of)	(Date authorized to do	business in Florida)
SE	CTION II	
	Y THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the corporati	ion, when was the change effected	under the laws of
its jurisdiction of incorporation? 11/24/2014		
5. Golden Outlook, Inc.		
(Name of corporation after the amendment, adding		or "incorporated," or
appropriate abbreviation, if not contained in new n	ame of the corporation)	
(If new name is unavailable in Florida, enter alternat business in Florida)	e corporate name adopted for the p	purpose of transacting
6. If the amendment changes the period of duration, in	dicate new period of duration.	
• •	•	
	ew duration)	
7. If the amendment changes the jurisdiction of incorp		
•	w jurisdiction)	
8. Attached is a certificate or document of similar imp 90 days prior to delivery of the application to the De having custody of corporate records in the jurisdiction	ort, evidencing the amendment, au partment of State, by the Secretary on under the laws of which it is inc	thenticated not more than y of State or other official corporated.
Wedlay ITC		
(Signature of a director, president or other officer - if it of a receiver or other court appointed fiduciary, by the	n the hands at fiduciary)	
Michael Blea	Vice President/General	
(Typed or printed name of person signing)	(Title of person a	algning)

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

GOLDEN OUTLOOK, INC.

FILE NUMBER: FORMATION DATE:

C2799385 09/02/2005

TYPE:

DOMESTIC CORPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 18, 2015.

ALEX PADILLA Secretary of State