F2000005403

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TotalCover, Inc.	
	ration - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	of for Authorization to Transact Business in Florida." Standing" and check are submitted to register the usiness in Florida.
Please return all correspondence concerning this m	natter to the following:
Laura Jones	
Nam	ne of Person
TotalCover, Inc.	
Firm	/Company
9300 United Drive, Suite 180	
	Address
Austin, TX 78758	~)
•	ate and Zip code
compliance@rategenius.com	,
E-mail address: (to be u	ised for future annual report notification)
For further information concerning this matter, ple	ase call:
Laura Jones 512	302-6438
· · · · · · · · · · · · · · · · · · ·	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 DEPARTM \$\begin{array}{l} \text{S70.00 Filing Fee} & \text{Certificate of Status} \end{array}\$	ENT OF STATE S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

"Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")			
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting bus	siness in Florida)	
	3. 85-3364326 (FEI number, if applicable)			
(State or count	y under the law of which it is incorporated)	(FEI number, if applica	ble)	
10/06/2020	5.			
(Date	5. e of incorporation)	(Date of duration, if other than p	perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	1	
9300 United Driv	re, Suite 180, Austin, TX 78758			
		ce street address)		
	(Current mailin	g address, if different)	-	
Name and stre	et address of Florida registered agent: (P.O	. Box NOT acceptable)	~``	
Name:	CoGency Global, Inc		-))	
ffice Address:	115 North Calhoun Street, Suite 4		1	
mee Address.	Tallahassee	32301		
	(Citv)	, Florida	 :	
	(City)	(Zip code)		
	ent's acceptance:	an of many on for the other states.	7.5 	
aving been nan	ed as registered agent and to accept service	ce of process for the above stated corporate to the corpo	 poration at the	
aving been nan esignated in this ether agree to c	ted as registered agent and to accept service application, I hereby accept the appointmently with the provisions of all statutes re	tent as registered agent and agree to Elative to the proper and complete pe	poration at the act in this capa	
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aving been nan signated in this rther agree to c	ted as registered agent and to accept service application, I hereby accept the appointmently with the provisions of all statutes re	nent as registered agent and agree to elative to the proper and complete persition as registered agent.	 poration at the act in this cap	

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

under the law of which it is incorporated.

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

(A. DIRECTORS	•		
☐Chairman	Name:	□Chairman	Name:James E. Potts
□Vice Chairman	Address: 9300 United Drive, Suite 180,	□Vice Chairman	Address: 9300 United Drive, Suite 180
Director	Austin, TX 78758	Director	Austin, TX 78758
President		□President	
□Vice President		□Vice President	
□ Secretary	Treasurer	■ Secretary	□Treasurer
□Other	□Other	Other	Other
□Director	Name: Christopher Speltz 9300 United Drive, Suite 180 Address: Austin, TX 78758	□Chairman □Vice Chairman □Director	Name:
■ President		□President	
□Vice President		□ Vice President	
□Secretary	Treasurer	☐ Secretary	■ Treasurer
□Other	Other	□Other	Other
	Name:		Name:
□ Director		□ Vice Chairman □ Director	Address:
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	Other	Other
The officer or direct she is aware that fas.817.155. F.S.	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of Signature of Director of Signature of Director of Signature of Director of Signature of Director of Dir	ent of State Annual Re or Officer er 11 above) affirms th	at the facts stated herein are true and that he or
13. James E. Po	,		



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TotalCover, Inc. (file number 803789331), a Domestic For-Profit Corporation, was filed in this office on October 06, 2020.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate COGENCY GLOBAL INC. as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

1601 ELM ST., SUITE 4360

DALLAS, TX - 75201 0000 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 09, 2020.



Phone: (512) 463-5555

Ruth R. Hughs Secretary of State

Dial: 7-1-1 for Polar Sarrices



Resubnited

12/10/2020 w/

Texus sos cortificates

of Existence + Certified

Formation

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2020

LAURA JONES 9300 UNITED DRIVE STE 180 AUSTIN, TX 78758 US

SUBJECT: TOTALCOVER, INC. Ref. Number: W20000136212

We have received your document for TOTALCOVER, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Missing title for Timothy Smith.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 820A00023998

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DEC 1 1 2020