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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: Got2Go, Inc.			
	Name of corporation - 1	nust include suffix	
Dear Sir or Madam:			
"Certificate of Existence," of	by Foreign Corporation for Au or "Certificate of Good Standir orporation to transact business	ng" and check are submitt	
Please return all correspond	lence concerning this matter to	the following:	
Russ W Johnson			
	Name of Pe	rson	
Got2Go, Inc.			
	Firm/Compa	ny	
2847 Cape Coral Pkwy W.			
	Address		~ `
Cape Coral, FL 33914			
	City/State and	Zip code	
russ.johnson@got2go.com			<u>.</u>
ŀ	i-mail address: (to be used for	future annual report notif	cation)
For further information concerning this matter, please call:			T
Russ Johnson	ss Johnson at ()		·
Name of Person	at () Area Code	Daytime Telephone	Number
STREET/COURI Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	n ntions hassee reet, Suite 810	MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
	FLORIDA DEPARTMENT OF \$78.75 Filing Fee & S		\$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.

GOT2GO, INC	CORPORATED		
	corporation; must include "INCORPORATED," " Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
GOT2GO.COM	vi, Incorporated		
(If name unavai	lable in Florida, enter alternate corporate name add	opted for the purpose of transacting busi	ness in Florida)
2. Wyoming	3 85	85-2973379	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicab	le)
4. August 20, 202	0 5.		
(Dat	e of incorporation) 5.	(Date of duration, if other than p	erpetual)
6. N/A			
, 1 East Broward I	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Blvd, Suite 620, Fort Lauderdale, FL 33301		
/	(Principal office	street address)	
Above	•		
	(Current mailing	address, if different)	
8. Name and stre	et address of Florida registered agent: (P.O. 1	Box NOT acceptable)	
Name:	Russ W. Johnson	_	٠.
Office Address:	1 East Broward Blvd, Suite 620	_	.X.
	Fort Lauderdale, FL	, Florida 33301	
	(City)	(Zip code)	**************************************
			5

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.

(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.

A. DIRECTORS Rosario Craig Musumeci Russ W Johnson ☐ Chairman Name: ☐ Chairman 1 East Broward Blvd, Suite 620, F-+ 1 East Broward Blvd, Suite 620, F4 ☐ Vice Chairman Address: ☐ Vice Chairman Louderdale, FL 33301 Lauderdale, FL 33301 □ Director □ Director □ President □President ☐ Vice President ☐ Vice President ☐ Treasurer □ Secretary ☐ Treasurer □ Secretary Other Chief Operating Office Chief Executive Office Other □ Chairman Name: □ Chairman Name: □ Vice Chairman Address: _____ □Vice Chairman Address: □ Director □Director □ President ☐ President ☐ Vice President □ Vice President □ Secretary ☐ Treasurer ☐ Treasurer ☐ Secretary □Other _____ □Other ______ □Other _____ □Chairman Name: □ Chairman Name: □Vice Chairman Address: _____ □ Vice Chairman Address: ____ **ElDirector** □Director □President President ☐ Vice President ☐ Vice President □Treasurer - □ ☐ Secretary □Treasurer ☐ Secretary □Other _____ 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. 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 JF.S. (Typed or printed name and capacity of person signing application)

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office.

got2go

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on October 22, 2018, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2018-000825599.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of January, 2021 at 9:01 AM. This certificate is assigned ID Number 041635420.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.