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TALLAHASSEE, FLORID.

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Great Coverage Insurance Services, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Phil Clairday

Name of Person

Great Coverage Insurance Services, LLC

Firm/Company

841 Prudential Dr., 12th Floor

Address

Jacksonville, FL 32207

City/State and Zip Code

phil@adaroo.com

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

For further information concerning this matter, please call:

Phil Clairday

,904

302-1540

TO HAND SON H. ST.

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy

□ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

•••	.			
	ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY			
	ess days to correct the attached articles of organization or application to transact business rida.			
FIRST	T: The name of the limited liability company is:			
SECO	ND: The articles of organization or the application to transact business			
(CI	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT			
x	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The original Articles of Organization was incomplete to the extent that it does not list the original members of the company.			
	The original members of the company should be listed as:			
	Roger Henry of 416 W. College Avenue, Hartsville, SC 29550 and			
	Vishal Shah of 14 Pecan Drive, Brampton, ON L6P2J8			
	<u>OR</u>			
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:			
Dated:	7 November , 2012			
	/femmy			
Signature of a member or authorized representative of a member				
Roger Henry				
Typed or printed name of signee				
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)			

Electronic Articles of Organization For Florida Limited Liability Company

L12000130571 FILED 8:00 AM October 12, 2012 Sec. Of State jbryan

Article I

The name of the Limited Liability Company is:

GREAT COVERAGE INSURANCE SERVICES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

841 PRUDENTIAL DR. 12TH FLOOR JACKSONVILLE, FL. 32207

The mailing address of the Limited Liability Company is:

841 PRUDENTIAL DR. 12TH FLOOR JACKSONVILLE, FL. 32207

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

PHIL CLAIRDAY 841 PRUDENTIAL DR. 12TH FLOOR JACKSONVILLE, FL. 32207

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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 Signature: PHIL CLAIRDAY

Article V

The name and address of managing members/managers are:

Title: MGR PHIL CLAIRDAY 841 PRUDENTIAL DR., 12TH FLOOR JACKSONVILLE, FL. 32207 L12000130571 FILED 8:00 AM October 12, 2012 Sec. Of State jbryan

Article VI

The effective date for this Limited Liability Company shall be: 10/12/2012

Signature of member or an authorized representative of a member

Electronic Signature: GREGORY HERMAN-GIDDENS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.