

L220000433086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

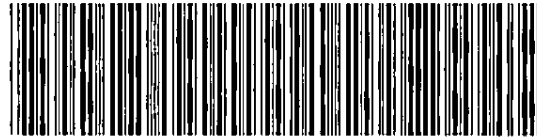
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM

OCT - 9 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 OCT - 7 PM 3:25-7 P11 29 50

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: GotUCovered LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Derik Fay
Name of Person
GotUCovered LLC
Firm/Company
2816 del prado blvd s unit 1,
Address
cape coral, FL, 33904
City/State and Zip Code
otherdoesforus@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lura Barua 888 650-3738
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160 Amount: paid 125.00

Authorization Signature James Fulk
GOTUCOVERED LLC

Business Name _____ Document # _____

- Photocopy
- Certified Copy (s)**
- Certificate of Status**

NEW FILINGS

- FOR** Profit
- Not for Profit
- X** Limited Liability
- Domestication
- Other
- CORP**

- LLLP

AMMENDMENTS

- Amendment
- Resignation of R.A. or Officer/Director
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Conversion**
- Articles of Conversion
- Resignation

OTHER FILINGS

- Annual Report
- Fictitious Name

- ARTICLES OF CORRECTION**

- APOSTIL ()

- _____ **Country**

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership

- Reinstatement

- _____ Other

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GotUCovered LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2816 del prado blvd s unit 1,
cape coral, FL, 33904

2816 del prado blvd s unit 1,
cape coral, FL, 33904

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

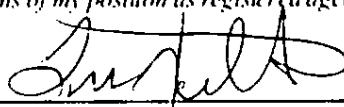
The name and the Florida street address of the registered agent are:

Legacy RA Group Inc
Name

2330 Clare DR
Florida street address (P.O. Box NOT acceptable)

Tallahassee Florida 32309
City State Zip

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 as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

3F Management, LLC
3761 Bay Creek Dr
Bonita Springs, FL, 34134

MGR

Infinite Solutions Management, LLC
2816 del Prado Blvd s unit 1
Cape Coral, FL, 33904

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Derek Fay

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any 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.

Derek Fay

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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DIVISION OF CORPORATIONS
AUG 2017 7 PM 2:50