

M17000006266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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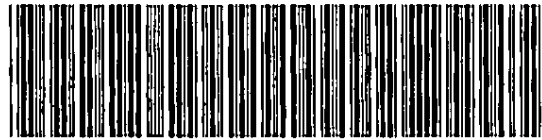
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 JUL 20 PM 1:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JUL 25 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IT'S JUST MEDICARE, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

GARY JOINSON

Name of Person

IT'S JUST MEDICARE, LLC

Firm/Company

15828 E TUMBLEWEED DR

Address

FOUNTAIN HILLS, AZ 85268

City/State and Zip Code

sbxliv3117@gmail.com

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

For further information concerning this matter, please call:

GARY JOINSON

513

543-1535

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32304

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

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1 IT'S JUST MEDICARE, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name is available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2 ARIZONA 3 82-1850769
(FEF number of applicant)

4 _____
(If the applicant is a corporation, enter the name of the corporation as it appears on the certificate of incorporation or articles of incorporation, as the case may be, and the state of incorporation.)

5 15828 E TUMBLEWEED DR 6 15828 E TUMBLEWEED DR
(Street Address of Principal Office) (Mailing Address)
FOUNTAIN HILLS, AZ 85268 FOUNTAIN HILLS, AZ 85268

7 Name and street address of Florida registered agent (P.O. Box NOT acceptable)
Name United States Corporation Agents, Inc.
Office Address 13302 Winding Oak Ct., Suite A
Tampa Florida 33612
(Zip code)

Registered agent's acceptance:

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 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.

CM Cheyenne Moseley, Asst. Secretary on behalf of United States Corporation Agents, Inc.
(Registered agent's signature)

8 The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>President</u>	<u>Gary Johnson</u> <u>15828 E Tumbleweed Dr</u> <u>Fountain Hills, AZ 85268</u>		

(Use attachments if necessary)

9 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10 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.

GARY JOHNSON
(Signature of an authorized person)

GARY JOHNSON
(Typed or printed name of signer)

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STATE DEPT OF STATE
AT TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: GARY Johnson

Address: 15828 E. Tumbleweed Dr.

Fountain Hills, AZ 85268

Vice President: _____

Address: _____

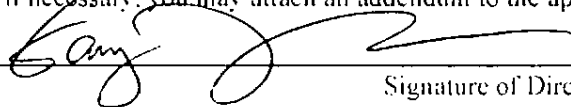
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

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, F.S.

13. Gary Johnson, President, IT'S JUST MEDICARE, LLC

(Typed or printed name and capacity of person signing application)

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2017 JUL 20 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Ted Vogt, Executive Director of the Arizona Corporation Commission, do hereby certify that

IT'S JUST MEDICARE, LLC

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 5th day of June 2017.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 3rd day of July, 2017, A. D.



Ted Vogt, Executive Director

By: 1689043

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CLERK OF STATE
TALLAHASSEE, FLORIDA