M17000006266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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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 JOHNSON
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 JOHNSON at (513) 543-1535
Name of Contact Person — 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 32301

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 605.0902, 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," "L.L.C.," or "LLC.")

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

2 ARIZONA
(State or country of organization)

3 82-1850769
(FEI number, if applicable)

4 _____
(Date first transaction occurred in Florida, if prior to registration)
(See sections 605.0904 and 605.0905, Florida Statutes, to determine penalty for late filing.)

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

6 15828 E TUMBLEWEED DR
(Mailing Address)
FOUNTAIN HILLS, AZ 85268

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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.

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:
President	Gary Johnson 15828 E Tumbleweed Dr Fountain Hills, AZ 85268		

(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.

Signature of an authorized person

GARY JOHNSON
Typed or printed name of signer

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

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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)

STATE OF ARIZONA

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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.

SEAL OF THE ARIZONA CORPORATION COMMISSION · DITAT DEUS · 1912 ·

Ted Vogt, Executive Director

By: 1689043