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TALL MILLSNEP, ITLORITY.

K. SALY MAY 23 2018 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 218667 8189141

AUTHORIZATION : Smell Remains

COST LIMIT : \$ 125.00

ORDER DATE: May 18, 2018

ORDER TIME : 3:0 PM

ORDER NO. : 218667-050

CUSTOMER NO: 8189141

----**----**

FOREIGN FILINGS

NAME: GET COVERED LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Get Covered LLC	sion Limited Liabili	w Company must include "Lin	nited Liability Company," "L.J.,C.," or	······································
(Name of Fore	eigh izimited iziaoim	y Company, muse merade 15m	med Mannity Company, 1999, or	13.0.
(If name unavailable, enter al Liability Company," "L.L.C.		ed for the purpose of transacting	g business in Florida. The alternate nar	me must include "Limited
7 New York		3. 82-34	27840	
(Jurisdiction under the law company is organized)	of which foreign lin	nited liability	(FEI number, if applicable)
4	(Date first	transacted business in Florida, 605,0904 & 605,0905, F.S. to	f prior to registration.)	_
265 Canal St STF 205	New York NY	10013		
5. 203 Canar St. 5715 203				- gg 6
				_ = = = = = = = = = = = = = = = = = = =
		treet Address of Principal Offic		
6. 265 Canal St. STE 205.	. New York, NY 1	0013	.,	
		(Mailing Address)		N 22 M 8 1
7. Name and street address	ss of Florida regis	tered agent: (P.O. Box NO	<u>l'</u> acceptable)	当 5
Name:	Corporation Ser	vice Company		
Office Address:	1201 Hays Stree	t		
	Tallahassee		Florida 32301	
		(City)	, Florida 32301 (Zip code)	
designated in this applica	ition, I hereby accions of all statutes	rept the appointment as region relative to the proper and consistered agent. Trice Company	ss for the above stated limited liab istered agent and agree to act in the complete performance of my dutie John Hichele L. Abbott, Ass	his capacity. I further agrees, and I am familiar with a
8 The name title or can	acity and address	of the nerson(s) who has/hay	e authority to manage is/are:	
Brandon Tobman , Dylan	-		- u,g	
265 Canal St. STE 205, N				
	· · · · · · · · · · · · · · · · · · ·			
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is orga	anized. (If the certificate is it	authenticated by the official having n a foreign language, a translation of wed person	of the certificate under oath
This document is execute	d in accordance w	ith section 605.0203 (1) (b).	Florida Statutes. I am aware that a	ny false information
submitted in a document t	to the Department Brandon Tobma		egree felony as provided for in s.81	7.155, F.S.
	- prancon rooma	II		

Typed or printed name of signee

State of New York Department of State } ss:



I hereby certify, that GET COVERED LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/15/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 18th day of May two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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