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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

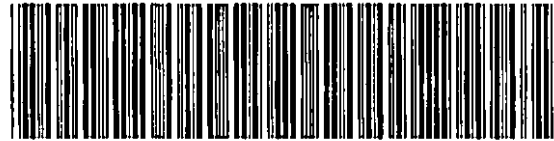
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2019

RECEIVED

APR 03 2019

ELIZABETH HARKER
6 CLEMENT AVE
SARATOGA SPRINGS, NY 12866

SUBJECT: BETTER COVER, LLC
Ref. Number: W19000029474

We have received your document for BETTER COVER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M. Scott
Regulatory Specialist II

Letter Number: 719A00005878

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Better Cover, 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:

Elizabeth Harker

Name of Person

3H Agent Services, Inc.

Firm/Company

6 Clement Avenue

Address

Saratoga Springs, NY 12866

City/State and Zip Code

beth.harker@3has.com

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

For further information concerning this matter, please call:

Elizabeth Harker

518

583-0639 x 113

at (_____) _____

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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. Better Cover, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 32-0574214
(FEI number, if applicable)

4. 3/20/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7 World Trade Center
(Street Address of Principal Office)

6. (Mailing Address)

250 Greenwich St, Floor 35

New York, NY 10007

Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: 3H Agent Services, Inc.

Office Address: 1415 Panther Lane, Suite 327

Naples, Florida 34109
(City) Florida (Zip code)

Registered agent's acceptance:

I, Elbert L. Hall, being named as registered agent and to accept service of process for the above stated limited liability company at the place named 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.

Elbert L. Hall
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Stuart Winchester

☐ Member Address: 7 World Trade Center

☐ Authorized 250 Greenwich St., Floor 35

Person New York, NY 10007

☐ Other _____ ☐ Other _____

☒ Manager Name: Paula Tuffin

☐ Member Address: 7 World Trade Center

☐ Authorized 250 Greenwich St., Floor 35

Person New York, New York 10007

☐ Other _____ ☐ Other _____

☒ Manager Name: Viral Shah

☐ Member Address: 7 World Trade Center

☐ Authorized 250 Greenwich St., Floor 35

Person New York, NY 10007

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Michael Chuen

☐ Member Address: 7 World Trade Center

☐ Authorized 250 Greenwich St., Floor 35

Person New York, NY 10007

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-sexual individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 by a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information furnished in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Stuart Winchester by Marc Lefebvre Esq under POA

Signature of an authorized person

Stuart Winchester by Marc Lefebvre Esq. under POA

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BETTER COVER, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE SEVENTH DAY OF FEBRUARY, A.D. 2019.


2019-02-07 10:10
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SR# 20190812960

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202222588

Date: 02-07-19