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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO:

TO: Registration Section Division of Corporations
SUBJECT: Ready Set Go Medicate, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Flori
Please return all correspondence concerning this matter to the following:
Kathy Blais Name of Person
Ready Set Go Medicare, LLC Firm/Company
3308 Landing Place
Palm Harbor FZ 34684 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kathy Blais at 727, 239. 3884 Name of Contact Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{cccccccccccccccccccccccccccccccccccc



June 4, 2020

KATHY BLAIS 3308 LANDING PL PALM HARBOR, FL 34684

SUBJECT: READY SET GO MEDICARE, LLC

Ref. Number: W20000055140

We have received your document for READY SET GO MEDICARE, 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):

The document must be sign by an Authorized Person.,

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.

Letter Number: 120A00011046

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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

IN COMPITANCE WITH SECTION (05:00) FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	R A FOREIGN LIMITED LIABILIT
1. Ready Set Go Medicare, LtC. (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Poletan Emitted Liability Company, must include "Limited Liability Company. L.L.C., or "E.L.C.,)	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Lia	bility Company," "L.L.C," or "L.L.C.")
2. Wyoming (Jurisdiction under the law of which foreign limited hability company is organized) 3. 34-4616 (Hill number the law of which foreign limited hability company is organized)	1526
(PEI number	т. и арриозоне)
(Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
	15 - DI
5. 308 Landing Place 6. 328 Landing Address of Principal Office)	aing (PI
Palm Harbor FC Palm Ha	rbor Fc
34684 3468	<u>'t </u>
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: <u>Kathur Blais</u>	
Office Address: 3308 Landing-Place	
Office Address: Doll Laria 10 - Full	夢乏
Min Hatbor Florida 3768	4 4
Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated limited li lesignated in this application. I hereby accept the appointment as registered agent and agree to act in o comply with the provisions of all statutes relative to the proper and complete performance of my du ind accept the obligations of my position as registered agent.	ability company at the place this capacity. I further agree
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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Robert Blais Name: □Manager 3308 Landing Place Address: □Member Address: □Member Palm Harbor, FL 34684 □ Authorized □ Authorized Person Person □Other_____ □Other____ □Other_____ □Other_____ Name: Kathy Blais Name: □ Manager □Manager Address: 3308 Landing Place □Member Address: ☑Member Palm Harbor, FL 34684 □ Authorized □ Authorized Person Person □Other_____ _____ □Other_____ □Other____ □ Other___ Name: Name: □ Manager □Manager Address: Address: □Member □Member □ Authorized □ Authorized Person Person ⊡Other_____ □Other____ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Kathy Blais
Signature of an authorized person

Kathy Blais
Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Ready Set Go Medicare LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 4**, **2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000898578**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of May, 2020 at 11:30 AM. This certificate is assigned ID Number 036830628.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.

Date of this notice: 02-06-2020

Employer Identification Number:

84-4612526

Form: SS-4

Number of this notice: CP 575 B

READY SET GO MEDICARE LLC KATHERINE BLAIS MER 30 N GOULD ST STE 11428 SHERIDAN, WY 82801

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-4612526. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 03/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.