

M220000/2870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

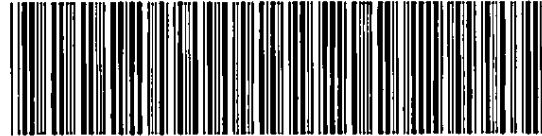
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG 16 PM 4:26
2022 AUG 16 PM 1:53
CLERK OF COURT
JANUARY 1, 1900
TALLAHASSEE, FLORIDA

T. LEMIEUX

AUG 17 2022

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE use funds from ACCT: 120210000160 AMOUNT: \$130.00

Authorization Signature: *James L. ...*

GO FUND PROP I LLC, a Delaware Limited Liability company

Business

Document #

☐ Walk in ☐ Pick up time ☐

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy (s) of Articles of Incorporation

☒ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ **Conversion**
☐ Articles of Conversion

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTIL () ☐

Country

REGISTRATION/QUALIFICATIONS

☒ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL 32309
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Authorization Signature: *James G. Baker*

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EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GO FUND PROP I LLC, a Delaware limited liability company

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:

Paul Joseph

Name of Person

Go Fund Prop I LLC

Firm/Company

1001 Yamato Rd. #304

Address

Boca Raton, FL 33431

City/State and Zip Code

paulj@gofundingadvisors.com

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

For further information concerning this matter, please call:

J. Hines

321

304-7448

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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