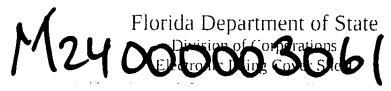
Division of Corporations



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From:

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Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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Foreign Limited Liability Company Get Insured By Us LLC

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3/8/2024 13:54:09 PST . Tc: 18506176383 Page: 2/4 Fax: 8134365206

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

IN COMPLIANCE WITH SECTION 6050502, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA:

William Coll Processing	Limited Liability Company; must include "Limited Lia	12111()	Company True Con Case	•		
I name unavailable, enter alternate	name adopted for the purpose of transacting business in Florida	The	alternate name must include "Emitted	Liability Compan-	. "Ш.С." ы	"LL("")
Georgia		3	87-4784254			
(hurisdiction under the law of w	hich foreign limited liability company is organized)	•	rFEI nu	mber, if applicable		_
	(Date first transacted business in Florida, (Epitor to regist (See sections 60) 1904 & 605 (90); E.S. (Odforming pe	ration ratio	inpalas)			
13240 North Cleveland		6.	13240 North Cleveland Av	re		
treet Address of Principal Office)		•/-	(Mailing Address)			_
Ste #7		Ste #7			_	
North Fort Myers, FL 3	3903	North Fort Myers. FL 33903		_		
Name and street address	ss of Florida registered agent: (P.O. Box <u>NC</u>	<u>)T</u> ;	acceptable)	a	2	
Name.	Argelio Mendoza				2024 HAR	- 1 t
Office Address:	13240 North Cleveland Ave Ste #7				က် ဗ]
	North Fort Myors		, Florida <u>33903</u> (Zm.code)	, , ,	M 6	(200
			(Zip code)	r -	6: 12	
legistered agent's acceptoving heen named as re	tance: gistered agent and to accept service of proc	ess	tor the above stated limite	d liability con	ipany at t	he plac

Argolio Luis Mondoza	
(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:	Title or Capacity	<u>v:</u>	Name and Address:
XiManager	Name: Mendoza, Argelio	□Manager	Name:	
□Member	Address: 13240 North Cleveland Ave	□Member	Address:	
∐Anthorized	Ste #7	□Authorized		
Person	North Fort Myers, FL 33903	Person		
□Other	□Other	⊡ Other		□Other
□Manager	Name:	□Munager	Name:	
□Member	Address:	□Member	Address: _	
∏Amhorized		□ Authorized		 -
Person		Person		
□Other	□Other	□Other		□ Other
L!Manager	Name:	UManager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	□Other	□ Other		□ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

Argalio Luis Mandoza
Signature of an authorized person (
Argelio Luis Mendoza
Exped or printed name of signee

Control Number: 22023343

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Get Insured by US LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26772740 Date Inc/Auth/Filed : 01/31/2022 Jurisdiction Georgia Print Date : 02/26/2024 Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State