

M241000005476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

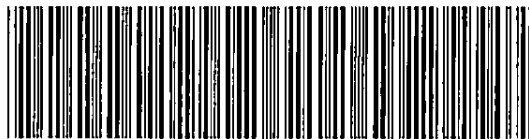
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000428437630

STATE OF FLORIDA  
TALLAHASSEE, FL  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

2024 APR 29 PM 2:38 2024 APR 29 PM 4:28

FILED

RECEIVED



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext:  
Date: 04/29/24  
Order #: 1495510-1  
Re: Got2go330, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:  
I20000000195

auth

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the word 'action' in the following line.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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. Got2go330, 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. Alabama  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration )  
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability)

5. 122 Seascape Blvd, Unit 904  
(Street Address of Principal Office)

6. 122 Seascape Blvd, Unit 904  
(Mailing Address)

Miramar Beach, FL 32550

Miramar Beach, FL 32550

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

Name: Milton L. Smith

Office Address: 122 Seascape Blvd, Unit 904

Miramar Beach, Florida 32550  
(City) (Zip code)

Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated 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.*

DocuSigned by:  
[Signature]  
(Registered Agent's Signature)

FILED  
2024 APR 29 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

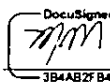
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Milton L. Smith</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Sharon C. Smith</u>
<input checked="" type="checkbox"/> Member	Address: <u>122 Seascap Blvd, Unit 904</u>	<input checked="" type="checkbox"/> Member	Address: <u>122 Seascap Blvd, Unit 904</u>
<input checked="" type="checkbox"/> Authorized	<u>Miramar Beach, FL 32550</u>	<input checked="" type="checkbox"/> Authorized	<u>Miramar Beach, FL 32550</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:  
  
 3B4AB2F84EC245D

Signature of an authorized person

Milton L. Smith, Manager

Typed or printed name of signee 149 5510

Wes Allen  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Got2go330, LLC was formed  
in Alabama on April 23, 2024. The Alabama Entity Identification number for this  
entity is 001-132-763. I further certify that the records do not disclose that said  
entity has been dissolved, cancelled or terminated.



20240424000008188

**In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.**

04/24/2024

Date

A handwritten signature in black ink, appearing to read "Wes Allen", is written over a horizontal line.

Wes Allen

Secretary of State