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TO:

TO:	Registration Section Division of Corporations	
SUBJ	Good Financial US LLC	
., , , , , , , ,		ne of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please	e return all correspondence concerning this matter	to the following:
	Sherilyn Kistner	
		Name of Person
	Simplicated, Inc.	
		Firm/Company
	1501Technology Parkway Suite 400	
		Address
	Cedar Falls, IA 50613	
		City/State and Zip Code
	Sherilyn.kistner@simplicated-inc.com	
	E-mail address: (to b	pe used for future annual report notification)
For fu	rther information concerning this matter, please ca	all:
	Sherilyn Kistner	319 244-7039
	Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	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 DE ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee Certificate	ee & 🔲 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate

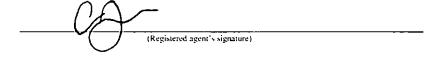
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

l'name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited L	iability Company," "L.L.C," or "L	
Delaware 2. 3.		99-2676586 3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI num	ber, if applicable)	
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gistration.) e penalty liability)		
3109 Grand Avenue		3109 Grand Avenue		
treet Address of Principal Office)		6. (Mailing Address)		
Suite 487		Suite 487	(1)	
Miami, FL 33133		Miami, FL 33133	2024 JUN	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	-3 P	
Name:	Clint Johnson		PM 7:56	
Office Address:	3109 Grand Avenue. Suite 487			
	Miami	33133 , Florida		
	(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.

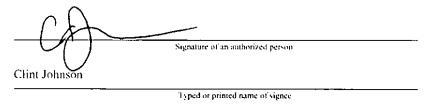


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊡Manager	Name: Travis VanderZanden	□Manager	Name: Justin Balthrop
⊡Member	Address: 6003 SW 80th St	□Member	Address: 20768 Medley Ln
□Authorized	South Miami. FL 33143	□Authorized	Topanga, CA 90290
Person		Person	
○OtherCEO & Pre	sident Other	Chief Tech	nology
□Manager	Clint Johnson Name:	□Manager	Name:
□Member	Address: 1450 Lincoln Rd, Unit 407	□Member	Address:
□Authorized	Miami Beach, FL 33139	□Authorized	
Person		Person	
Other Chief Legal	Office	□Other	Other
□Manager	Name:	□Manager	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.



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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GOOD FINANCIAL US 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 TWENTY-THIRD DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOOD FINANCIAL US LLC" WAS FORMED ON THE FIRST DAY OF APRIL, A.D. 2024.

Authentication: 203313822

Date: 04-23-24