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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

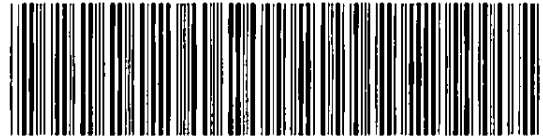
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SEP 06 2024

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LEGAL DEPARTMENT
Tel: 323-837-5851
Licensing@westlakefinancial.com

August 28, 2024

Sent via FedEx:

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

RE: Covered Care, LLC
Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida

Dear Sir or Madam,

On behalf of the company **Covered Care, LLC** (a Delaware LLC), please find attached an original *Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida*. Also please find attached all applicable fees and attachments.

Please note that on 7/19/2024, Covered Care, LLC erroneously filed an original application to form a Florida Limited Liability Company. Covered Care, LLC has since dissolved the Florida Limited Liability Company so that it can properly apply as a Foreign Limited Liability Company. Since the FL LLC has been officially dissolved, the name **Covered Care, LLC** is available to use.

We believe the attached should satisfy all requirements for registering Covered Care, LLC as a Foreign Foreign Limited Liability Company in the State of Florida. Should you have any questions or comments regarding our submission, please do not hesitate to contact us at 323-837-5851 or via email at Licensing@westlakefinancial.com. Thank you.

Sincerely,

DocuSigned by

2004ECEE42EE4DD
Ian Anderson/CEO

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Covered Care, LLC

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:

Evangelina Calderon

Name of Person

Covered Care, LLC/Legal Department

Firm/Company

4751 Wilshire Blvd., Suite 100

Address

Los Angeles, CA 90010

City/State and Zip Code

Licensing@westlakefinancial.com

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

For further information concerning this matter, please call:

Evangelina Calderon

323

837-5851

Name of Contact Person

at (_____) _____
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

**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. Covered Care, 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. Delaware 3. 85-1554670
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 5050 Quorum Drive., Suite 250 6. 4751 Wilshire Blvd., Suite 100
(Street Address of Principal Office) (Mailing Address)
Dallas, Texas 75254 Los Angeles, CA 90010

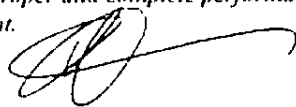
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporate Creations Network Inc.
Office Address: 801 US Highway 1
North Palm Beach 33408
_____, Florida _____
(City) (Zip code)

2024 SEP -6 PM 11:09

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.



(Registered agent's signature) Jim Perkins
Corporate Creations Network Inc.

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>Covered Holdings, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Ian Anderson</u>
<input type="checkbox"/> Member	Address: <u>5050 Quorum Drive., Suite 250</u>	<input type="checkbox"/> Member	Address: <u>4751 Wilshire Blvd., Suite 100</u>
<input type="checkbox"/> Authorized	<u>Dallas, Texas 75254</u>	<input type="checkbox"/> Authorized	<u>Los Angeles, CA 90010</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CEO</u>	<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
Ian Anderson

Signature of an authorized person

Ian Anderson/CEO

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVERED CARE, 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-SECOND DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVERED CARE, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2020.



3077878 8300

SR# 20243197918

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203983674

Date: 07-22-24

State of Florida

Department of State

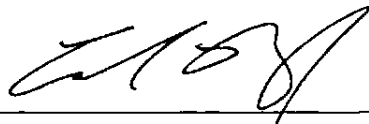
I certify from the records of this office that COVERED CARE, LLC was a limited liability company organized under the laws of the State of Florida, filed on July 22, 2024, effective July 19, 2024.

The document number of this limited liability company is L24000322390.

I further certify that said limited liability company was voluntarily dissolved on August 2, 2024.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Seventh day of August, 2024*




Secretary of State

Authentication ID: 200434206502-080724-L24000322390

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>