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(Re	equestor's Name)		
(Ac	idress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone #	//)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates o	of Status	
Special Instructions to Filing Officer:			

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2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 PLEASE use funds from ACCT: I20210000160 AMOUNT: \$.130.00
Authorization Signature: funds from ACCT: I20210000160 AMOUNT: \$.130.00 Business Document # Pick up time Walk in Will wait ___ Mail out Photocopy Certified Copy (s) of Articles of Incorporation _X_ Certificate of Status **AMMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent _Limited Liability Dissolution/Withdrawal Domestication Merger Other Conversion CORP Articles of Conversion **REGISTRATION/QUALIFICATIONS** OTHER FILINGS X Foreign filing Annual Report ___Limited Partnership Reinstatement Fictitious Name Other ___ APOSTIL ()__ Country

FLOR DA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 PLEASE use funds from ACCT: I20210000160 AMOUNT: ___\$.130.00 Authorization Signature: GO FUND PROPILLC, a Delaware Limited Liability company Document # Business Pick up time____ ___ Walk in Will wait Mail out Photocopy X Certificate of Status <u>AMMENDMENTS</u> **NEW FILINGS** ___ Amendment Profit Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent Limited Liability ____Dissolution/Withdrawal Domestication Merger Other Conversion CORP Articles of Conversion REGISTRATION/QUALIFICATIONS OTHER FILINGS X Foreign filing Annual Report ___Limited Partnership Reinstatement Fictitious Name Other ____ APOSTIL ()____ Country

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:_____

COVER LETTER

TO:

Registration Section

SUBJECT:	UBJECT: Name of Limited Liability Company		
The enclosed Existence, a	d "Application by Foreign Limited Liability Cond check are submitted to register the above re	ompany for Authorization to Transact Business in Florida," Certificate of ferenced 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		
	Cit	y/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	at () Area Code Daytime Telephone Number	
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations The Centre of Tallahassee	
	O. Box 6327 allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Ple	closed is a check for the following amount: ease make check payable to: FLORIDA DEP. \$125.00 Filing Fee \$\impsilon \forall \text{\$130.00 Filing Fee}\$ Certificate of	& S155.00 Filing Fee & S160.00 Filing Fee, Certificate	