State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
001775057	You First Medicare, Inc	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Dylan Jaeck
Business Name:
No. and Street: 4001 37 Ave N
City or Town: St Pete State: FL Zip: 33713 Country: USA
Contact Phone: ext:
Contact Email: LINKM3531@GMAIL.COM