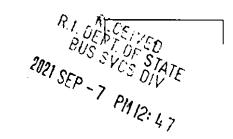
RI SOS Filing Number: 202101016160 Date: 9/7/2021 12:47:00 PM



Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement: 1. The name of the limited liability company is: HEALTH INSURANCE OF AMERICA LLC Is this company organized in its state or country of formation as a low-profit limited liability company? No 🔽 The name, if different, under which it proposes to register and transact business in Rhode Island is: 2. The LLC is organized under the laws of: FL 3. The date of its organization is: 08/02/2016 And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going) ☐ Date certain for dissolution 4. The name and address of the resident agent/office in Rhode Island is: Agent Name Corporation Service Company Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200 City/Town Zip Code State Warwick 02888 **RHODE ISLAND** 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Health insurance Check the box to indicate an attachment

FILED L

SEP 07 2021

BY CU KFVBT

12:47

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.	
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:	
2200 N. Federal Highway, Suite 206, Boca Raton, FL 33431	
8. The mailing address for the limited liability company is:	
2200 N. Federal Highway, Suite 206, Boca Raton, FL 33431	
Management of the Limited Liability Company:	
The Limited Liability Company is to be managed by. CHECK ONLY ONE BOX	
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)	
By one (1) or more managers (List managers below)	
MANAGER	ADDRESS
Vincent Nocera	2200 N. Federal Highway, Suite 206, Boca Raton, FL 33431
Antonio Nocera	2200 N. Federal Highway, Suite 206, Boca Raton, FL 33431
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.	
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY	
Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the date of filing)	
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of LLC	Date 0/- /-
Vincent Nocera	08/23/21
Signature of Authorized Person	

State of Florida Department of State

I certify from the records of this office that HEALTH INSURANCE OF AMERICA LLC is a limited liability company organized under the laws of the State of Florida, filed on August 2, 2016, effective August 2, 2016.

The document number of this limited liability company is L16000144602.

I further certify that said limited liability company has paid all fees due this office through December 31, 2021, that its most recent annual report was filed on January 13, 2021, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-sixth day of August, 2021



Secretary of State

Tracking Number: 1916319442CU

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

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

RI SOS Filing Number: 202101016160 Date: 9/7/2021 12:47:00 PM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

September 07, 2021 12:47 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

