RI SOS Filing Number: 202101302650 Date: 9/13/2021 12:09:00 PM



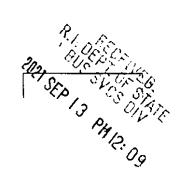
State of Rhode Island

Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned applies for a Certificate of Registration to transact business in purpose submits the following statement:	foreign limited tiability company the State of Rhode Island, and	hereby I for that	
The name of the limited liability company is:			
HEALTHCARE ENROLLMENT GROUP, LLC.			
Is this company organized in its state or country of formation	as a low-profit limited liability of	company? Yes 🔲 No 📝	
The name, if different, under which it proposes to register an	d transact business in Rhode I	sland is:	
The LLC is organized under the laws of: Florida			
3. The date of its organization is: 02/09/2018			
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 Rho	de Island is:		
Agent Name Corporation Service Company			
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard,	Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888	
5. The purpose or purposes which it proposes to pursue in t Insurance Agency		hode Island are:	

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.n.gov SEP 13 2021 BY ON CJKBF

12:09

"				
any time, there is no resident agent or if the diligence.	d the agent of the foreign limited liability company for ne resident agent cannot be found or served following	ng the exercise of reasonable		
The address of the office required to be if not so required, of the principal office of	maintained in the state or country of its organization the foreign limited liability company is:	n by the laws of that state or,		
8700 W. Flagler St. Suite 405, Miami, FL	33174			
8. The mailing address for the limited liabi	lity company is:			
8700 W. Flagler St. Suite 405, Miami, FL	33174			
9. Management of the Limited Liability Co	mpany:			
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			
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 aff accompanying attachments, and that all s	irm that I have examined this Application for Regista tatements contained herein are true and correct.	ration, including any		
Type or Print Name of LLC		Date		
Eduardo F. Medina		9-8-21		
Signature of Authorized Person	· · · · · · · · · · · · · · · · · · ·			

State of Florida Department of State

I certify from the records of this office that HEALTHCARE ENROLLMENT GROUP, LLC. is a limited liability company organized under the laws of the State of Florida, filed on February 9, 2018, effective February 5, 2018.

The document number of this limited liability company is L18000037489.

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 April 11, 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 Ninth day of September, 2021



RANULYRU
Secretary of State

Tracking Number: 7210814163CU

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

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

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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 13, 2021 12:09 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

