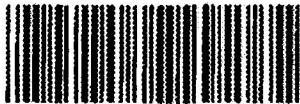


B0628-7147 09/08/2021 2:56 PM Received by ID Secretary of State Lawrence Denney



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed)

For Office Use Only

**-FILED-**

File #: 0004411877

Date Filed: 9/8/2021 2:56:00 PM

1. The name of the entity is: HEALTH INSURANCE OF AMERICA LLC

2. The name which it shall use in Idaho is: \_\_\_\_\_

3. Select the type of entity you wish to register:

- |   |  |
|---|--|
| <input type="checkbox"/> Business Corporation                 | <input type="checkbox"/> General Partnership   |
| <input type="checkbox"/> Nonprofit Corporation                | <input type="checkbox"/> General Cooperative Association   |
| <input type="checkbox"/> Limited Liability Partnership        | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust           |
| <input type="checkbox"/> Other: _____                         |  |

(Please check only if your foreign entity type is not listed above and explain the type below.)

4. Jurisdiction of formation: FL

(Provide the domestic jurisdiction where the entity was formed.)

5. The address of its principal office is:

2200 N. Federal Highway, Suite 206, Boca Raton, FL 33431

(City, State, ZIP Code)

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

2200 N. Federal Highway, Suite 206, Boca Raton, FL 33431

(City, State, ZIP Code)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)

8. Name and street address of registered agent in Idaho:

Corporation Service Company 12550 W. Explorer Drive, Suite 100, Boise, ID 83713

(Name and address)

9. The name, capacity, and mailing address of at least one governor:

<u>Vincent Nocera</u>	<u>Manager</u>	<u>2200 N. Federal Highway, Suite 206, Boca Raton, FL 33431</u>
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(Name)

(Capacity)

(Address)

<u>Antonio Nocera</u>	<u>Manager</u>	<u>2200 N. Federal Highway, Suite 206, Boca Raton, FL 33431</u>
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(Name)

(Capacity)

(Address)

Secretary of State use only

Typed Name: Vincent Nocera

Signature:

Capacity: Manager

# *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*



*Lawrence Denney*  
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>