

State of Idaho

Office of the Secretary of State

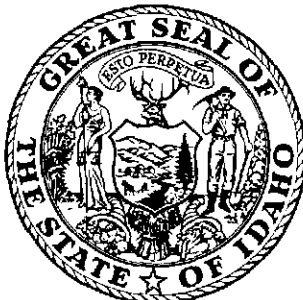
**CERTIFICATE OF REGISTRATION
OF
HEALTH INSURANCE ALLIANCE, LLC**

File Number W 199884

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: April 5, 2018



Lawrence Denney
SECRETARY OF STATE

By *Henry Denney*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2018 APR -5 AM 9:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: HEALTH INSURANCE ALLIANCE, LLC
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
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 checked="" type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
- ☐ Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Ft. Lauderdale, Florida
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
2200 W Commercial Blvd Suite 309, Ft Lauderdale Florida 33309
(Street Address)
Same as above
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
2200 W Commercial Blvd Suite 309, Ft Lauderdale Florida 33309
(Street Address)
Same as above
(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:
2200 W Commercial Blvd Suite 309, Ft Lauderdale Florida 33309
(Address)
8. Name and street address of registered agent in Idaho:
Registered Agents Inc., 784 S. Clearwater Loop STE R, Post Falls, ID 83854
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:
George Papadakis Member/Manager 2200 W Commercial Blvd Suite 309, Ft Lauderdale Florida 33309
(Name) (Capacity) (Address)

Typed Name: George Papadakis

Signature: *George Papadakis*

Capacity: Member / Manager

Secretary of State use only

IDAHO SECRETARY OF STATE

04/05/2018 05:00

CK:2387 CT:355738 BH:1636547

1@ 100.00 = 100.00 FOR REG ST #2

W199884

State of Florida

Department of State

I certify from the records of this office that HEALTH INSURANCE ALLIANCE, LLC is a limited liability company organized under the laws of the State of Florida, filed on September 5, 2017, effective September 5, 2017.

The document number of this limited liability company is L17000189126.

I further certify that said limited liability company has paid all fees due this office through December 31, 2017 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 Thirtieth day of March, 2018*



Ken Detjen
Secretary of State

Tracking Number: CU3524764530

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

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