







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004675579

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Foreign Registration Statement (Limited Liability Con Select one: Standard, Expedited or San descriptions below)		ee Standard (filing fee \$100)	
The name this limited liability company will use in Type of Limited Liability Company	Idaho is:	Foreign Limited Liability Company	
Entity name		Health Family Insurance Services, LLC	
Health Family Insurance Services, LLC			
Home Jursidiction The jurisdiction of formation is:		MICHIGAN	
3. The street address of its domestic principal office	(if required by the laws	•	
Street Address		100 OTTAWA AVE SW GRAND RAPIDS, MI 49503	
The mailing address of its domestic principal office Mailing Address	e (if required by the law	s of the jurisdiction of formation) is: None	
5. The complete street address of the principal office	e is:		
Principal Office Address		100 OTTAWA AVE SW GRAND RAPIDS, MI 49503	
6. The mailing address of the principal office is:			
Mailing Address		100 OTTAWA AVE SW GRAND RAPIDS, MI 49503-5087	
7. Registered Agent Name and Address			
Registered Agent		CORPORATION SERVICE COMPANY Commercial Registered Agent	
		Physical Address	
		1305 12TH AVE RD NAMPA, ID 83686	
		Mailing Address	
		1305 12TH AVE RD NAMPA, ID 83686	
☑ I affirm that the registered agent approximation is a second or content. ☐ I affirm that the registered agent approximation is a second or content. ☐ I affirm that the registered agent approximation is a second or content. ☐ I affirm that the registered agent approximation is a second or content. ☐ I affirm that the registered agent approximation is a second or content. ☐ I affirm that the registered agent approximation is a second or content. ☐ I affirm that the registered agent approximation is a second or content. ☐ I affirm that the registered agent approximation is a second or content. ☐ I affirm that the registered agent approximation is a second or content. ☐ I affirm that the registered agent approximation is a second or content. ☐ I affirm that the registered agent ag	pointed has conse	nted to serve as registered agent for this entity.	
8. Governors			
Name	Title	Address	
Acrisure MGA, LLC	/lanager	100 OTTAWA AVE SW	
	-		

GRAND RAPIDS, MI 49503-5087

Signature of individual authorized by the entity to sign:

Courtney Kolenda

Sign Here

04/21/2022

Date



Job Title: Vice President of the Manager, Acrisure MGA, LLC



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

HEALTH FAMILY INSURANCE SERVICES, LLC

was validly authorized on January 18, 2022, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 22030749603

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 24th day of March, 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.