### State of Idaho

Office of the Secretary of State

#### CERTIFICATE OF REGISTRATION

OF

#### AFFORDABLE HEALTH DIRECT LLC

File Number W 201599

I, LAWERENCE 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: May 11, 2018

THE OF COLUMN

SECRETARY OF STATE

Ву

## 202

Rev. 11/2015

### FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2018 MAY 11 PM 1:55

SECRETARY OF STATE STATE OF IDAHO

W201599

| 1. | The name of the entity is: Affordable Health Direct 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:                                                                    |                                   |                   |                            |                                           |   |
|    | ☐ Business Corporation                                                                                             | ☐ General Partnership             |                   |                            |                                           |   |
|    | ☐ Nonprofit Corporation                                                                                            | ☐ General Cooperative Association |                   |                            |                                           |   |
|    | ☐ Limited Liability Partnership                                                                                    | Limited                           | Partnership (Incl | uding                      | g a limited liability limited partnership |   |
|    | ☐ Limited Liability Company                                                                                        | ☐ Statutor                        | y Trust, Business | s Tru:                     | st, or Common-law Business Trust          |   |
|    | Other:  (Use "Other" only if your foreign entity type is <u>not</u> fisted above, and enter the type here.)        |                                   |                   |                            |                                           |   |
| 4. | Jurisdiction of formation. Florida                                                                                 |                                   |                   |                            |                                           |   |
| 5. | (Provide the domestic jurisdiction where the entity was formed)  The address of its principal office is:           |                                   |                   |                            |                                           |   |
| v, | 9393 A West Sample Road Suite 202 Coral Springs, Ft. 33065                                                         |                                   |                   |                            |                                           |   |
|    | (Street Address)                                                                                                   | oz Corar Sprin                    | gs, FL 33000      |                            |                                           |   |
|    | (Mailing Address, If different)                                                                                    |                                   |                   |                            |                                           |   |
| 6. | The address of its domestic principal office (If required by the laws of the jurisdiction of formation) is:        |                                   |                   |                            |                                           |   |
|    | 9393 A West Sample Road Suite 202 Coral Springs, FL 33065                                                          |                                   |                   |                            |                                           |   |
|    | (Street Address)                                                                                                   |                                   |                   |                            |                                           |   |
|    | (Mailing Address, if different)                                                                                    |                                   |                   |                            |                                           |   |
| 7. | The mailing address to which correspondence should be addressed, if different from item 5, is:                     |                                   |                   |                            |                                           |   |
|    | (Address)                                                                                                          |                                   | <del></del>       |                            |                                           |   |
| 8. | The name of the registered agent and street address of registered agent <u>in Idaho:</u>                           |                                   |                   |                            |                                           |   |
|    | Corporation Service Company, 12550 W. Explorer Drive, Suite 100, Boise, ID 83713                                   |                                   |                   |                            |                                           |   |
|    | (Name) (Address)                                                                                                   |                                   |                   |                            |                                           |   |
| 9. | The name, capacity, and mailing add                                                                                | dress of at leas                  | tione dovernor:   |                            |                                           |   |
| •  |                                                                                                                    | /lanager                          | •                 | rai Lii                    | ghway Sulte 220A Boca Raton, FL 33487     |   |
|    |                                                                                                                    | apacity)                          | (Address)         | al I II                    | ginvay Suite 220A BOCA Nation, Ft 33407   |   |
|    | Colette Andree N                                                                                                   | /laneger                          | 9393 West Sa      | mple                       | Road Suite 202 Coral Springs, FL 33065    |   |
|    | (Name) (C                                                                                                          | apacity)                          | (Address)         |                            |                                           |   |
|    |                                                                                                                    |                                   |                   | }                          |                                           |   |
|    |                                                                                                                    |                                   |                   | _                          |                                           |   |
|    |                                                                                                                    |                                   |                   | Ē                          |                                           |   |
|    | Signature:                                                                                                         |                                   | ·                 | ecretary of State use only | IDAHO SECRETARY OF STATE                  |   |
|    |                                                                                                                    |                                   |                   | <u>ğ</u> .                 | 05/11/2018 05:00                          |   |
|    | Typed Name: Charlotte Andree                                                                                       | <del></del>                       |                   | ō                          | CK: PREPAID CT: 1157 BH: 1643365          |   |
|    |                                                                                                                    |                                   |                   | [ĝ                         | 10 100.00 = 100.00 FOR REG ST #2          | - |
|    | Capacity: Manager                                                                                                  |                                   |                   |                            | 10 20.00 = 20.00 EXPEDITE C #3            |   |

# State of Florida Department of State

I certify from the records of this office that AFFORDABLE HEALTH DIRECT LLC is a limited liability company organized under the laws of the State of Florida, filed on May 13, 2014.

The document number of this limited liability company is L14000078055.

I further certify that said limited liability company has paid all fees due this office through December 31, 2018, that its most recent annual report was filed on January 15, 2018, 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 Eleventh day of May, 2018



Ken Daton Secretary of State

Tracking Number: CU8136367780

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

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