



Address

CONSTANTINE CHRISTOFORAKIS

PORT ORANGE, FL 32127-5855

844 WILLIAMS LN

MARK H. MACFAWN 17905 SINGING WOOD PL LUTZ, FL 33548-4487





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 #: 0004185853

Date Filed: 3/3/2021 12:48:38 PM

Foreign Registration Statement (Limited Liability Company) Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)	
The name this limited liability company will use in Idaho is:		
Type of Limited Liability Company	Foreign Limited Liability Company	
Entity name	MedicareInsurance.com LLC	
Health Insurance Associates LLC		
2. Home Jursidiction		
The jurisdiction of formation is:	FLORIDA	
3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:		
Street Address	CONSTANTINE CHRISTOFORAKIS	
	844 WILLIAMS LANE PORT ORANGE, FL 32127	
	,	
 The mailing address of its domestic principal office (if required by the laws of the Mailing Address. 	iurisdiction of formation) is: CONSTANTINE CHRISTOFORAKIS	
Mailing Address	844 WILLIAMS LANE	
	PORT ORANGE, FL 32127	
5. The complete street address of the principal office is:		
Principal Office Address	CONSTANTINE CHRISTOFORAKIS	
·	844 WILLIAMS LANE	
	PORT ORANGE, FL 32127	
6. The mailing address of the principal office is:		
Mailing Address	CONSTANTINE CHRISTOFORAKIS	
	844 WILLIAMS LN PORT ORANGE, FL 32127-5855	
	FORT ORANGE, I E 32127-3000	
7. Registered Agent Name and Address	CT COPPORATION SYSTEM	
Registered Agent	CT CORPORATION SYSTEM Commercial Registered Agent	
	Physical Address	
	921 S ORCHARD ST	
	STE G	
	BOISE, ID 83705	
	Mailing Address	
	921 S ORCHARD ST	
	STE G	
	BOISE, ID 83705	
☑ I affirm that the registered agent appointed has consented to	serve as registered agent for this entity.	

Title

Member

Member

Name

Constantine Christoforakis

Mark H MacFawn



Signature of individual authorized by the entity to sign:		
Constantine Christoforakis	03/03/2021	
Sign Here	Date	
Job Title: Member		

State of Florida Department of State

I certify from the records of this office that HEALTH INSURANCE ASSOCIATES LLC is a limited liability company organized under the laws of the State of Florida, filed on August 28, 2015.

The document number of this limited liability company is L15000147620.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on April 30, 2020, 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-third day of December, 2020



Secretary of State

Tracking Number: 3646737129CU

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

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