

# State of Idaho

Office of the Secretary of State

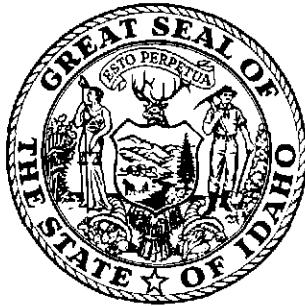
**CERTIFICATE OF REGISTRATION  
OF  
HEALTH BENEFITS ONE LLC**

File Number W 167384

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: June 1, 2016



*Lawrence Denney*  
SECRETARY OF STATE  
By *[Signature]*



# 202 FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

2016 JUN - 1 PM 12: 32

*Form 202 Foreign Registration Statement*  
 Complete and submit the form in duplicate.

SECRETARY OF STATE  
STATE OF IDAHO1. The name of the entity is: **HEALTH BENEFITS ONE 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 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: **Florida**

(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:

**2 Oakwood Blvd. Ste 100 Hollywood, FL 33020**

(Street Address)

(Building, Apartment, etc. number)

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

**2 Oakwood Blvd. Ste 100 Hollywood, FL 33020**

(Street Address)

(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:

**INCORPORATING SERVICES, LTD., 1201 N LIBERTY ST STE 917 BOISE ID 83704**

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

**Matthew Spiewak Manager 2 Oakwood Blvd. Ste 100 Hollywood, FL 33020**

(Name)

(Capacity)

(Address)

(Name)

(Capacity)

(Address)

Typed Name: Matthew SpiewakSignature: Matthew SpiewakCapacity: Manager

Secretary of State use only

IDAHO SECRETARY OF STATE

06/01/2016 05:00

CK:3905670 CT:172099 BH:1531189  
10 100.00 = 100.00 FOR REG ST #2

W167384

# *State of Florida*

## *Department of State*

I certify from the records of this office that HEALTH BENEFITS ONE LLC is a limited liability company organized under the laws of the State of Florida, filed on May 4, 2012.

The document number of this limited liability company is L12000060285.

I further certify that said limited liability company has paid all fees due this office through December 31, 2016, that its most recent annual report was filed on February 9, 2016, and that its status is active.

*Given under my hand and the  
at Tallahassee, the Capital, this  
the Fifth day of May, 2016*



*Ken Detmer*

*Secretary of State*

Tracking Number: CU1053189429

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

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