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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE

MP 125

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Your Health Insurance	e Agency, Inc.
	ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation of "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	tter to the following:
John Gedney	
(Name	e of Person)
Your Health Insurance Agency	y, Inc.
(Firm/	Company)
183 Driftwood Drive	
(A	ddress)
West Islip, NY 11795	
(City/Sta	te and Zip code)
For further information concerning this matter, pleas	se call:
Kathryn Gedney at (63	1 , 661-6944
	ea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(State or country under the law of which it is incorporated) 4/24/2006 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 183 Driftwood Drive, West Islip, NY 11795 (Principal office address) 183 Driftwood Drive, West Islip, NY 11795 (Current mailing address) To sell individual life and health insurance policies (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DRAT Services Tro. (City) (City) Registered agent's acceptance: Priving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capather agree to comply with the provisions of all statutes relative to the proper and complete performance of methods.		able in Florida, enter alternate corporate n	ame adopted for the purpose of transacting business in Florida)
(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 183 Driftwood Drive, West Islip, NY 11795 (Principal office address) 183 Driftwood Drive, West Islip, NY 11795 (Current mailing address) To sell individual life and health insurance policies (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DRAT Services, Inc. Fice Address: 273 Executive Park Drive, Sted (City) (City) Registered agent's acceptance: Priorida 3331 (City) Registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capather agree to comply with the provisions of all statutes relative to the proper and complete performance of methods.	NY		
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(Principal office address) 183 Driftwood Drive, West Islip, NY 11795 (Current mailing address) To sell individual life and health insurance policies (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DRAT Services Tric. fice Address: 273 Executive Park Drive, Stery (City), Florida 3:333 (City), Florida 3:333 Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capather agree to comply with the provisions of all statutes relative to the proper and complete performance of many com			
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I I am jamiliar with and accept the obligations of my position as registered agent.	Name: fice Address: Registered aqving been nam	DRAT Services 2731 Executive Pa Weston (City) gent's acceptance: ed as registered agent and to accept se	Florida 3331 (Zip code) Foreign of process for the above stated corporation at the p
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Lisa Reeves, Assistant Secretary	Name: ffice Address: Registered agaving been names ignated in this rther agree to contact the second seco	DRAT Services 2731 Executive Particles (City) Gent's acceptance: ed as registered agent and to accept so application, I hereby accept the appointments of all statut	Florida 3331 (Zip code) rervice of process for the above stated corporation at the pointment as registered agent and agree to act in this capacities relative to the proper and complete performance of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: John Gedney
183 Driftwood Drive
West Islin NV 11705
Vice President: Alan Cohen
Address: 333 Earle Ovington Blvd, Ste 210
Uniondale, NY 11553
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. John Dedrey
13. Signature of Director or Officer listed in number 12 of the application)
14. John Gedney, CEO
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of YOUR HEALTH INSURANCE AGENCY, INC. was filed on 04/24/2006, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 12th day of September two thousand and six.



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