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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

AUG 08 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medicare Health Benefits Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Anna Rothhaar
Name of Person
Medicare Health Benefits Inc.
Firm/Company
2716 S. 6th Ave.
Address
Tucson AZ 85713
City/State and Zip code
anna@medicarehealthbenefits.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sue Branham at (520) 760-6223
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
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 & Certified Copy ☒ \$87.50 Filing Fee, 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.

1. Medicare Health Benefits Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Arizona 3. 86-0833860
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 11, 1996 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1099 Agents who live in Florida transact business.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2716 S. 6th Ave. Tucson AZ 85713
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Brian Branham

Office Address: 2710 Rew Circle, Suite 200

Ocoee,

(City)

Florida 34761

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. 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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Anna Rothhaar

Address: 2716 S. 6th Ave.

Tucson AZ 85713

Director: Jeffrey Pitta

Address: 6201 Centennial Blvd

Nashville TN 37209

B. OFFICERS

President: Anna Rothhaar

Address: 2716 S. 6th Ave.

Tucson AZ 85713

Vice President: Jeffrey Pitta

Address: 6201 Centennial Blvd

Nashville TN 37209

Secretary: Carrie Sawyer

Address: 1704 Maitland Arch Virginia Beach VA

25454

Treasurer: Cassandra Smith

Address: 3433 E. Boulden Blvd Bluffdale UT 84065

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Anna Rothhaar

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Anna Rothhaar

(Typed or printed name and capacity of person signing application)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

*****MEDICARE HEALTH BENEFITS, INC.*****

a domestic corporation organized under the laws of the State of Arizona, did incorporate on July 11, 1996.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 8th Day of July, 2016, A. D.



Jodi A. Jerich
Jodi A. Jerich, Executive Director

By: *Maya Hebl*