

Number Number

F99000004909

CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

000002994870--0

-09/23/99-01042--016

*****78.75 *****78.75

Healthcare Insurance Services, Inc.

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Limited Partnership

☐ Reinstatement

☒ Limited Liability Partnership

☒ Certified Copy

☐ Annual Report

☐ Fict. Filing

☐ Photo Copies

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ Change

☐ UCC-1

☐ CUS

☐ After 4:30

☒ Pick Up

DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 SEP 23

AM 11:17

UCC-3

RECEIVED

Please Return Extra Copy(s)
Filed Stamp

Thanks, Melanie

99 SEP 23 PM 1:29

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SEP 23 1999

BK 9/23/99

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.F. Verifier

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.

FILED STATE
SECRETARY OF CORPORATIONS
99 SEP 23 PM 1:29

1. Healthcare Insurance Services, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Texas

(State or country under the law of which it is incorporated)

3. 76-0294160

(FEI number, if applicable)

4. 12/01/1989

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Award

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 820 Gessner, Suite 1000

Houston, Texas 77024

(Current mailing address)

8. Insurance brokerage

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

, Florida, 33324

(Zip code)

10. 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.

Victor Alfano

(Registered agent's signature)

VICTOR ALFANO
ASSISTANT SECRETARY

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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: William F. Galtney, Jr.

Address: 820 Gessner, Suite 1000

Houston, Texas 77024

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: William F. Galtney, Jr.

Address: 820 Gessner, Suite 1000

Houston, Texas 77024

Vice President: Joseph L. Moore

Address: 820 Gessner, Suite 1000

Houston, Texas 77024

Secretary: Joseph L. Moore

Address: 820 Gessner, Suite 1000

Houston, Texas 77024

Treasurer: Joseph L. Moore

Address: 820 Gessner, Suite 1000

Houston, Texas 77024

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

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. William F. Galtney, Jr., President

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 23 PM 1:29



The State of Texas

SECRETARY OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 23 PM 1:29

IT IS HEREBY CERTIFIED that
Articles of Incorporation of

HEALTHCARE INSURANCE SERVICES, INC.
File No. 1134389-00

were filed in this office and a certificate of incorporation was issued to this corporation,
and no certificate of dissolution is in effect and the corporation is currently in existence.



*IN TESTIMONY WHEREOF, I have hereunto
signed my name officially and caused to be
impressed hereon the Seal of State at my office in
the City of Austin, on September 16, 1999.*

Elton Bomer
Secretary of State

PH