

MO7000005367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

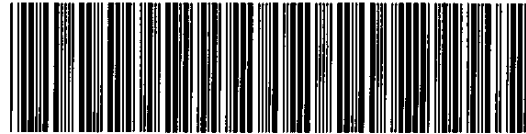
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

MO7-40644

Office Use Only



600108132306

08/17/07--01017--002 \*\*87.50

09/04/07--01002--012 \*\*67.50

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2007 SEP -4 A 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2007

STEELE T. WILLIAMS, ESQ  
3410 MAGIC OAK LANE  
SARASOTA, FL 34232

SUBJECT: INSURE YOUR HEALTH, LLC  
Ref. Number: W07000040644

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TALLAHASSEE, FLORIDA

We have received your document for INSURE YOUR HEALTH, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 007A00050381



*STW*  
**STEELE T. WILLIAMS, P.A.**

Licensed to Practice:  
FL, NY, NJ, DC & GA  
Litigation  
Arbitration  
NASD & NYSE Arbitrator

Attorney at Law  
Main Office  
3410 Magic Oak Lane  
(4600 Fruitville Road)  
Sarasota, FL 34232  
Ph: (941) 378-1800  
Fax: (941) 378-1807

August 27, 2007

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

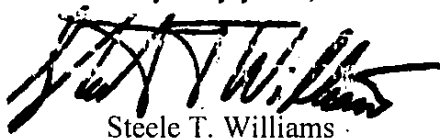
**RE: Insure Your Health, LLC**  
**Ref. No.: W07000040644**

Dear Sir/Madam:

Please find enclosed an additional filing fee of \$67.50 for payment of the remaining filing fee owed for the registration of the above foreign corporation, \$25.00 for registered agent designation fee and an additional \$30.00 for one certified copy of the requested form designation to do business in Florida.

Also enclosed is a full completed application by foreign limited liability company for authorization to transact business in Florida. If you have any questions pertaining to this filing please contact the undersigned at your earliest convenience.

Very truly yours,



Steele T. Williams

STW:mt  
Enclosures

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TALLAHASSEE, FLORIDA

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**TAMPA**

7320 East Fletcher  
Tampa, FL 33637  
813-225-1400

**ST. PETERSBURG**

695 Central Avenue Suite 150  
St. Petersburg, FL 33701  
727-443-0800

**BRADENTON**

100 3<sup>rd</sup> Avenue West  
Bradenton, FL 34205  
941-727-7300

**BRADENTON**

6150 State Road 70 East  
Bradenton, FL 34203  
941-727-7300

**LAKEWOOD RANCH**

9040 Town Center Parkway  
Lakewood Ranch, FL 34202  
941-727-7300

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Insure Your Health, LLC  
(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," 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:

Steele T. Williams, Esq.  
(Name of Person)  
Steele T. Williams, P.A.  
(Firm/Company)  
3410 Magic Oak Lane  
(Address)  
Sarasota, FL 34235  
(City/State and Zip code)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

Steele T. Williams at ( 941 ) 378-1325  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

New Filing 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 LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. Insure Gorn Health LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Nevada 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12-3-01 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. - time of Res.  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 4411 Bee Ridge Road, #412  
Sarasota, FL 34233  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Beatrice Forrar  
4411 Bee Ridge Road, #412  
Sarasota, FL 34233

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: 911 lawful  
purposes

[Signature]  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  
Steele T. Williams, Esq.  
Typed or printed name of signee

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ALLA#ASS# FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Insure Your Health, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

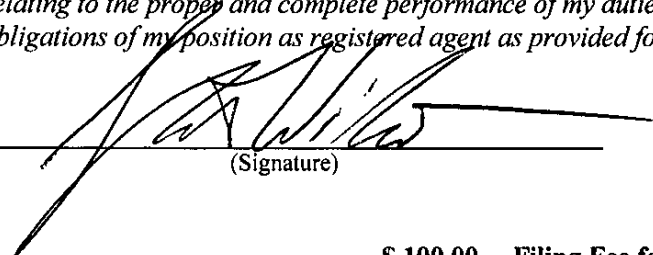
Steele T. Williams  
(Name)

3410 Magic Oak Lane  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Sarasota FL 34232  
City/State/Zip

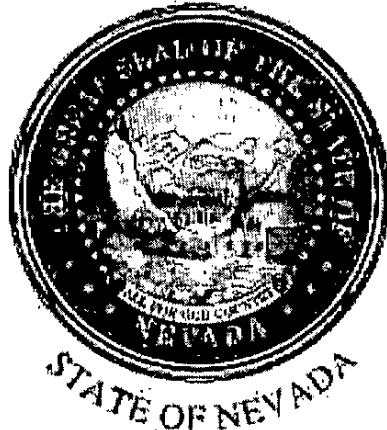
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TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

  
(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE (INCLUDING AMENDMENTS)


I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **INSURE YOUR HEALTH, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 3, 2001, and is in good standing in this state.

I further certify, that the above limited liability company has Articles of Organization and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 13, 2007.



  
ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20070813-1675  
You may verify this electronic certificate  
online at <http://secretaryofstate.biz/>