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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

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S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Healthcare.com Insurance Services, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kayla Vedder- Admin

\_\_\_\_\_  
Name of Person

Healthcare.com Insurance Services, LLC

\_\_\_\_\_  
Firm/Company

112 East Lincoln Ave

\_\_\_\_\_  
Address

Fergus Falls, MN 56537

\_\_\_\_\_  
City/State and Zip Code

kayla@cainc.org

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kayla Vedder- Admin

\_\_\_\_\_  
Name of Person

at ( 218 ) 389-7600  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Healthcare.com Insurance Services, LLC

Enter new principal office address, if applicable:

14300 N NorthSight Blvd Ste 220

Scottsdale, AZ 85260

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

112 East Lincoln Ave

Fergus Falls, MN 56537

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M14000006432

3. Jurisdiction of its organization: Arizona Previously Minnesota

4. Date authorized to do business in Florida: 09/03/2014

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "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 contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Arizona

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Jeffrey Smedrud  
Signature of the authorized representative

Jeffrey Smedrud  
Typed or printed name of signee

Filing Fee: \$25.00

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**HEALTHCARE.COM INSURANCE SERVICES, LLC**

ACC file number: 23124474

was incorporated under the laws of the State of Arizona on 08/28/2020, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

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

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 12/22/2020



A handwritten signature in black ink, reading "Matthew Neubert", written over a horizontal line.

Matthew Neubert, Executive Director

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

The Executive Director of the Arizona Corporation Commission does hereby certify that the attached copy of the following document:

### STATEMENT OF DOMESTICATION 8/28/2020

consisting of 2 pages, is a true and complete copy of the original of said document on file with this office for:

HEALTHCARE.COM INSURANCE SERVICES, LLC  
ACC file number: 23124474

IN WITNESS WHEREOF, I have hereunto set my hand  
and affixed the official seal of the Arizona  
Corporation Commission on this 11 Day of  
December, 2020 A.D.



*Matthew Neubert*

Matthew Neubert, Executive Director

By: *Alex Brookreson*

ALEX BROOKRESON

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

## STATEMENT OF DOMESTICATION

*Read the Instructions M090i*

1. DOMESTICATING ENTITY NAME: HEALTHCARE.COM INSURANCE SERVICES, LLC
- 1.1 DOMESTICATING ENTITY JURISDICTION OF ORGANIZATION: MINNESOTA
- 1.2 DOMESTICATING ENTITY TYPE - (e.g., corporation, LLC) LLC
- 1.3 DOMESTICATING ENTITY ORIGINAL DATE OF INCORPORATION/ORGANIZATION: 04/15/2014
2. DOMESTICATED ENTITY NAME:  
HEALTHCARE.COM INSURANCE SERVICES, LLC
- 2.1 DOMESTICATED ENTITY JURISDICTION OF ORGANIZATION: ARIZONA
- 2.2 DOMESTICATED ENTITY TYPE - Check only one and follow instructions:
- ☐ Arizona corporation - attach to this Statement the Articles of Incorporation.
- ☒ Arizona LLC - attach to this Statement the Articles of Organization.
- ☐ Foreign corporation seeking registration with the A.C.C. - attach to this Statement the Application for Authority.
- ☐ Foreign LLC seeking registration with the A.C.C. - attach to this Statement the Foreign Registration Statement.
- ☐ Foreign corporation, LLC, or other entity that is not, and will not, be registered with the A.C.C.
3. FOREIGN DOMESTICATED ENTITY, NOT QUALIFIED IN ARIZONA - MAILING ADDRESS (foreign entities that are not and will not be qualified to transact business or conduct affairs in Arizona must provide a mailing address to which service of process may be mailed):

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country	UNITED STATES	

**4. APPROVAL OF DOMESTICATION – (applies to the domesticating entity):**

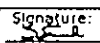
By the signature appearing on this Statement of Domestication, the domesticating entity declares under the penalty of perjury that the plan of domestication was approved by the Arizona domesticating entity in accordance with A.R.S. § 29-2503, or, if the domesticating entity is a foreign entity, in accordance with the laws of its jurisdiction of organization.

**5. DELAYED EFFECTIVE DATE –** Complete this section only if the domestication will have a *delayed* effective date of not more than 90 days after delivery of the Statement to the A.C.C. – list that date below:

\_\_\_\_\_

**SIGNATURES: The domesticating entity must sign.**

The signer of this Statement declares and certifies *under penalty of perjury* that this Statement together with any attachments is submitted in compliance with Arizona law.

Entity Name: HEALTHCARE.COM INSURANCE SERVICES, LLC	
Signature: 	Date: August 27, 2020
Print name and title of person signing: JEFFREY SMEDSRUD, MANAGER	

Filing Fee: \$100.00 (corporations) \$50 (LLCs) Expedited processing – add \$35.00 to filing fee. All fees are nonrefundable – see Instructions.	Mall: Arizona Corporation Commission – Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.  
If you have questions after reading the Instructions, please call 602-542-3025 or (within Arizona only) 800-345-5819.