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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

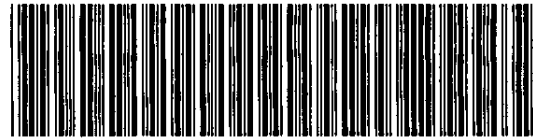
(Business Entity Name)

(Document Number)

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

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17 FEB 10 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
FEB 13 2017

C.A. Robinson Interests, LLC  
142 Dana Pointe  
Niceville, FL 32578

02/08/2017

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

To whom it may concern,

Please accept this application to register a foreign limited liability company for C.A. Robinson Interests, LLC, our Certificate of Fact of Good Standing, and a check for \$130 for the filing fee and Certificate of Status.

If you have any questions, please call me at 719-321-4257 or email me at [craig@globalhealthinsurance.com](mailto:craig@globalhealthinsurance.com)

Sincerely,



Craig A. Robinson  
President  
C.A. Robinson Interests, LLC

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17 FEB 10 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C.A. ROBINSON INTERESTS, LLC.  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

CRAIG A. ROBINSON  
Name of Person

C.A. ROBINSON INTERESTS, LLC.  
Firm/Company

142 Dewa Pointe  
Address

Wiceville, FL 32578  
City/State and Zip Code

craig @ global health insurance. com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Robinson at (719) 321-4257  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. C.A. ROBINSON Interests, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Colorado 3. 46-3417778  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 142 Dana Pointe  
Niceville, Florida 32578  
(Street Address of Principal Office)

6. 142 Dana Pointe  
Niceville, FL 32578  
(Mailing Address)

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

Name: CRAIG ROBINSON  
Office Address: 142 Dana Pointe  
Niceville, Florida 32578  
(City) (Zip code)

Registered agent's acceptance:

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 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.

[Signature]  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

CRAIG ROBINSON PRESIDENT  
LINDA ROBINSON Vice-President  
142 Dana Pointe Niceville, FL 32578

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

CRAIG A. ROBINSON  
Typed or printed name of signee

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17 FEB 10 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

C. A. Robinson Interests, LLC

is a

Limited Liability Company

formed or registered on 08/13/2013 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20131466369 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/06/2017 that have been posted, and by documents delivered to this office electronically through 02/08/2017 @ 11:20:12 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/08/2017 @ 11:20:12 in accordance with applicable law. This certificate is assigned Confirmation Number 10066197 .



Secretary of State of the State of Colorado

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17 FEB 10 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*