

M18000006544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

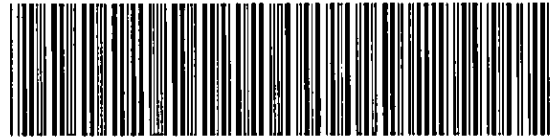
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2017

M. BRIAN FRANCE
MATRIX ACCOUNTING AND TAX
300 S JEFFERSON, SUITE 401
SPRINGFIELD, MO 65806

SUBJECT: EGLOBAL HEALTH INSURERS
Ref. Number: W17000051494

We have received your document for EGLOBAL HEALTH INSURERS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6051.

Deborah Bruce
Regulatory Specialist III

Letter Number: 417A00012607

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: eGLOBAL HEALTH INSURERS AGENCY 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:

M. BRIAN FRANCE

Name of Person

MATRIX ACCOUNTING AND TAX LLC

Firm/Company

300 S JEFFERSON, SUITE 401

Address

SPRINGFIELD, MISSOURI 65806

City/State and Zip Code

MATT@MATRIX.TAX

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

For further information concerning this matter, please call:

M. BRIAN FRANCE

417

883-9800

at ()

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

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

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DEPARTMENT OF
DIVISION OF CORP.
TALLAHASSEE, FL

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. eGLOBAL HEALTH INSURERS AGENCY 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. MISSOURI

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-3923202

(FEI number, if applicable)

4. JULY 9, 2018

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

5. 650 CLEVELAND ST SUITE 1668

(Street Address of Principal Office)

CLEARWATER, FL 33755

6. 650 CLEVELAND ST SUITE 1668

(Mailing Address)

CLEARWATER, FL 33755

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

Name: DEREK PATTERSON

Office Address: 650 CLEVELAND ST SUITE 1668

CLEARWATER

(City)

Florida 33755

(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.

(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MANAGER

DEREK PATTERSON

650 CLEVELAND ST
CLEARWATER, FL 33755

(Use attachments if necessary)

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)

10. 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.

Signature of an authorized person

DEREK PATTERSON

Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF GOOD STANDING

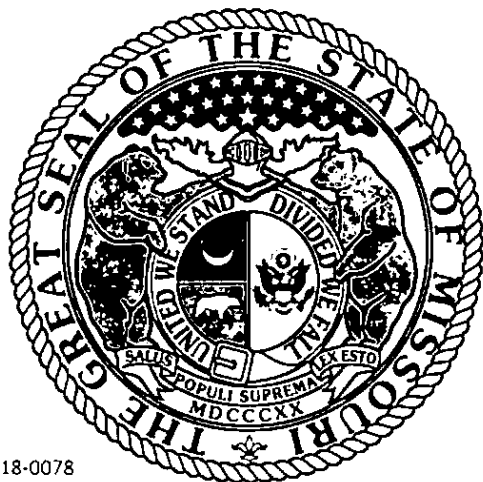
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

eGlobalHealth Insurers Agency, LLC
LC0631672

was created under the laws of this State on the 6th day of January, 2005, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set
my hand and cause to be affixed the GREAT
SEAL of the State of Missouri. Done at the
City of Jefferson, this 5th day of July, 2018.


Secretary of State
Certification Number: CERT-07052018-0078



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CLERK OF THE SECRETARY OF STATE