Division of Corporations Corpor ectronic r Sheet

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Foreign Limited Liability Company MedicareCompareUSA Services LLC

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. H19000108470 B

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

	THON 603.0902, FLORIDA STATUTES, THE FOLLOW ISINESS IN THE STATE OF FLORIDA:	WING IS SUBMITTED TO RECRISTER A PORSION LIMITED LIABILITY	1
	rcUSA Services LLC ligh Limited Liability Company; must include "Lia	nited Liability Company, ""L.L.C.," or "LLC.")	
(If name univallable, enter al Liability Contanty," L.L.C.	terrate name adopted for the pairpose of transacring	a business in Florida. The alternate name must include "Limited	
2. Washington	3. 83	-4060998	
	of which foreign limited liability	(FEI number, if applicable)	
4. Upon Qualification	(Dale first transacted business in Piotids, (See sections 605.0904 & 605.0905, F.S. to	f prior to registration.)	
= 1616 Cornwall A	ive. Suite 107, Bellingham, Washing		
5. <u></u>	, , , , , , , , , , , , , , , , , , , ,		
	(Street Address of Principal Offic	•	
6. 1616 Cornwall A	ve. Suite 107, Bellingham, Washing	ton 98225	
	(Mailing Address)		
7. Name and street address	s of Florida registered agent: (P.O. Box NO	F_acceptable)	
None:	Business Filings Incorporated		
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324	
	(City)	(Zip code)	
designated in this applica to complywith the provisi	gistered agent and to accept service of proce tion. I haveby accept the appointment as regi	ss for the above stated limited liability company at the place istored agent and agree to act in this capacity. I further agree complete performance of my duties, and I am famillar with an	! पर्य
	(Registered agent's s	ignature) Mark Williams, A.V.P., Business Filings Incorpora	itec
8. The name, title or cap	noity and address of the person(s) who has/lux	re authority to manage is/are:	
		uite 107, Bellingham, Washington 98225	
9. Attached is a certificate jurisdiction under the law of the translator must be st	of which it is organized. (If the certificate is in abmitted) Lun Lun	muthenticated by the official having custody of records in the n a foreign language, a translation of the certificate under oath	
	Signature of an authoriz		
This document is executed	t in accordance with section 605,0203 (1) (b),	Florida Statutes, I am aware that any false information agree felony as provided for in s.817.155, F.S.	

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Kerri Lenderman, Member of MCUSA Consulting, LLC, Member Typed or printed name of signee



I, KIM WYMAN. Secretary of State of the State of Washington and custodian of its scal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

MEDICARECOMPAREUSA SERVICES LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/19/2019.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> Issued Date: 03/27/2019 UBI Number: 604 408 112

Given under my hand and the Seol of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 03/27/2019