

M19000000 3027

(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:

Cont.

Office Use Only



900330894769

06/25/19--01020--004 ••\$0.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 JUL -2 PM12:09

Name Change

JUL 16 2019

D CUSHING

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Medicare Compare Usa 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:

Judy White  
Name of Person

Medicare Compare Usa Services LLC  
Firm/Company

1616 Cornwall Ave, Suite 107  
Address

Bellingham WA 98225  
City/State and Zip Code

Accounting@medicarecompareusa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judy White at ( 360 ) 728-2349  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

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

19 JUL -2 PM 12:09  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

July 1, 2019

Attached is our current "Certificate of Existence" for Medicarecompareusa An Insurance Agency LLC from the State of Washington. Last Tuesday you received by FedEx our Amended Certificate of Formation for Washington along with our Cover Letter and Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida form and our check for \$60. For your convenience, a copy of our Cover Letter and Application is attached.

Please let me know if you need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Judy White", with a stylized flourish underneath.

Judy White  
Accounting @Medicarecompareusa.com  
Medicarecompareusa An Insurance Company LLC

RECEIVED  
JUL 02 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2019

JUDY WHITE  
MEDICARECOMPAREUSA SERVICES LLC  
1616 CORNWALL AVE., STE 107  
BELLINGHAM, WA 98225

SUBJECT: MEDICARECOMPAREUSA SERVICES LLC  
Ref. Number: M19000003027

We have received your document for MEDICARECOMPAREUSA SERVICES LLC and your check(s) totaling \$60.00. However, the document has not been filed and is being retained in this office for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 319A00013742

**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: Medicare compare usa Services LLC

Enter new principal office address, if applicable: N/A

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M19 00000 3027

3. Jurisdiction of its organization: Washington

4. Date authorized to do business in Florida: March 27, 2019

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

5. New name of the limited liability company: Medicare compare usa an  
(must contain "Limited Liability Company," "LLC," or "LLC.")

Insurance Agency 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," "LLC," 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: N/A

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.*

N/A

If Changing Registered Agent, Signature of New Registered Agent

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

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

Title/ CapacityAddress

☐ Add

☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove

 Add

☐ 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.

Judy White  
Signature of the authorized representative

Signature of the authorized representative

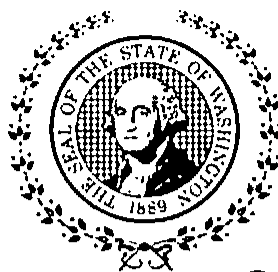
Judy White  
Typed or printed name of signee

Typed or printed name of signee

**Filing Fee: \$25.00**

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

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

### CERTIFICATE OF EXISTENCE

OF

MEDICARECOMPAREUSA AN INSURANCE AGENCY 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: 07/01/2019

UBI Number: 604 408 112



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

Kim Wyman, Secretary of State

Date Issued: 07/01/2019



Filed  
Secretary of State  
State of Washington  
Date Filed: 06/24/2019  
Effective Date: 06/24/2019  
UBI #: 604 408 112

## AMENDED CERTIFICATE OF FORMATION

### BUSINESS INFORMATION

---

Business Name:  
**MEDICARECOMPAREUSA AN INSURANCE AGENCY LLC**

UBI Number:  
**604 408 112**

Business Type:  
**WA LIMITED LIABILITY COMPANY**

Business Status:  
**ACTIVE**

Principal Office Street Address:  
**1616 CORNWALL AVE STE 107, BELLINGHAM, WA, 98225-4642, UNITED STATES**

Principal Office Mailing Address:  
**1616 CORNWALL AVE STE 107, BELLINGHAM, WA, 98225-4642, UNITED STATES**

Expiration Date:  
**03/31/2020**

Jurisdiction:  
**UNITED STATES, WASHINGTON**

Formation/Registration Date:  
**03/19/2019**

Period of Duration:  
**PERPETUAL**

Inactive Date:

Nature of Business:

### BUSINESS NAME

---

Business Name:  
**MEDICARECOMPAREUSA AN INSURANCE AGENCY LLC**

### BUSINESS TYPE

---

Current Business Type:  
**WA LIMITED LIABILITY COMPANY**

Amend Business Type:

### REGISTERED AGENT

---



**Registered Agent  
Name****Street Address****Mailing Address**KERRI  
LENDERMAN1616 CORNWALL AVE STE 107,  
BELLINGHAM, WA, 98225-4642, UNITED  
STATES1616 CORNWALL AVE STE 107,  
BELLINGHAM, WA, 98225-4642, UNITED  
STATES**PRINCIPAL OFFICE**

---

Phone:

Email:

JUDY.WHITE@MEDICARECOMPAREUSA.COM

Confirm Email:

JUDY.WHITE@MEDICARECOMPAREUSA.COM

Street Address:

1616 CORNWALL AVE STE 107, BELLINGHAM, WA, 98225-4642, UNITED STATES

Mailing Address:

1616 CORNWALL AVE STE 107, BELLINGHAM, WA, 98225-4642, UNITED STATES

**DURATION**

---

Duration:

PERPETUAL

**EFFECTIVE DATE**

---

Effective Date:

06/24/2019

**RETURN ADDRESS FOR THIS FILING**

---

Attention:

Email:

Address:

**UPLOADED DOCUMENTS**

---

**Document Type****Source****Created By****Created Date**

No Value Found.

**UPLOAD ADDITIONAL DOCUMENTS**

---

**Name****Document Type**

No Value Found.

**EMAIL OPT-IN**

---

☐ I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

**AUTHORIZED PERSON - STAFF CONSOLE**

---

☒ Document is signed.

Person Type:

**INDIVIDUAL**

First Name:

**JUDY**

Last Name:

**WHITE**

Title:

**ACCOUNTING**