

M21000006037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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06/15/21--01038--013 \$125.00

(Business Entity Name)

(Document Number)

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

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U.S. Steel ✓



RECEIVED

2021 MAY -6 RM 8:10

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2021

BRUNO NASCIMENTO  
1600 N. SABA ST  
UNIT 158  
CHANDLER, AZ 85225

SUBJECT: HEALTHCARE BROKERS OF AMERICA, LLC  
Ref. Number: W21000042421

We have received your document for HEALTHCARE BROKERS OF AMERICA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yvette Scott  
Document Specialist II

Letter Number: 921A00006655

## COVER LETTER

TO: Registration Section  
Division of Corporations

Healthcare Brokers of America, LLC

**SUBJECT:** \_\_\_\_\_ 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:

Bruno Nascimento

Name of Person

Healthcare Brokers of America LLC

**Firm/Company**

1600 N Saba St. Unit 158

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**Address**

Chandler AZ 85225

City/State and Zip Code

info@healthbrokersonline.com

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

For further information concerning this matter, please call:

Bruno Nascimento

480

7189806

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Name: \_\_\_\_\_ S. Constant, Baronet

at (\_\_\_\_\_)

**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:

Enclosed is a check for the following amount:  
Please make check payable to: FLORIDA DEPARTMENT OF STATE

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$125.00 Filing Fee     \$130.00 Filing Fee &     \$155.00 Filing Fee &     \$160.00 Filing Fee, Certificate  
Certificate of Status    Certified Copy    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. Healthcare Broker of America, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

47-4188208

Arizona

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

3. (FEI number, if applicable)

4. 1600 N Saba St Unit 158  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

1600 N Saba St Unit 158

2021

MAY

18

5. 5. (Street Address of Principal Office)  
Chandler AZ 85225

6. (Mailing Address)  
Chandler AZ 85225

JUN

18

JUN

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JUN

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JUN

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

InCorp Services, Inc.

Name: \_\_\_\_\_

17888 67th Court North

Office Address: \_\_\_\_\_

Loxahatchee

33470

Florida

(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.*

Jackie DeFilippis on behalf of InCorp Services, Inc.

(Registered agent's signature)

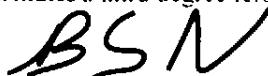
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Bruno Nascimento</u> Address: <u>1600 N Saba St Unit 158</u> Chandler, AZ 85225	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Bruno Nascimento

Typed or printed name of signee

# STATE OF ARIZONA



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Office of the  
**CORPORATION COMMISSION**

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## CERTIFICATE OF GOOD STANDING

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

**HEALTHCARE BROKERS OF AMERICA, LLC**

ACC file number: L20118921

was incorporated under the laws of the State of Arizona on 06/10/2015, 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: 03/08/2021



A handwritten signature in black ink that reads "Matthew Neubert".

Matthew Neubert, Executive Director