

M22000019182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

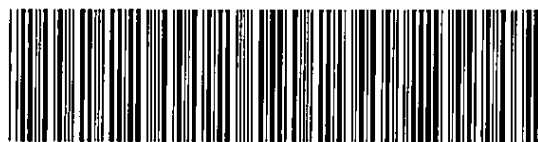
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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K. SALY

DEC 28 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 281242 4341027

AUTHORIZATION : *South African*

COST LIMIT : \$ 155.00

ORDER DATE : December 22, 2022

ORDER TIME : 8:31 AM

ORDER NO. : 281242-015

CUSTOMER NO: 4341027

FOREIGN FILINGS

NAME: CONNIE HEALTH INSURANCE
AGENCY LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Connie Health Insurance 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:

Jane R. Johnstone

Name of Person

Sidley Austin LLP

Firm/Company

555 California Street, Suite 2000

Address

San Francisco, CA 94104

City/State and Zip Code

jjohnstone@sidley.com

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

For further information concerning this matter, please call:

Jane R. Johnstone

415

772-1818

Name of Contact Person

at ()

Area Code

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:

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

☐ \$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. Connie Health Insurance 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. Delaware 3. 88-4319194
(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. <u>3820 W Happy Valley Road,</u> (Street Address of Principal Office)	6. <u>3820 W Happy Valley Road,</u> (Mailing Address)
<u>Suite 141- PMB252</u>	<u>Suite 141- PMB252</u>
<u>Glendale, AZ 85310</u>	<u>Glendale, AZ 85310</u>

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, 32301
_____, 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.

By: Alexxis Weibrod, assistant vice president
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: David Luna

☐ Member Address: 3820 W Happy Valley Road,

☒ Authorized Suite 141- PMB252

Person Glendale, AZ 85310

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Oded Eran

☐ Member Address: 3820 W Happy Valley Road,

☒ Authorized Suite 141- PMB252

Person Glendale, AZ 85310

☐ Other ☐ Other

☐ Manager Name: Carl McDonald

☐ Member Address: 3820 W Happy Valley Road,

☒ Authorized Suite 141- PMB252

Person Glendale, AZ 85310

☐ Other ☐ Other

☐ Manager Name: Connie Health, Inc.

☒ Member Address: 3820 W Happy Valley Road,

☐ Authorized Suite 141- PMB252

Person Glendale, AZ 85310

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

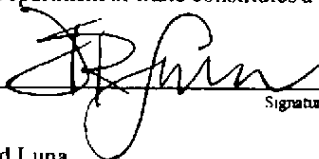
Person _____

☐ Other ☐ 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

David Luna

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONNIE HEALTH INSURANCE AGENCY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONNIE HEALTH INSURANCE AGENCY LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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2022 DEC 27 PM 5:16
DELAWARE SECRETARY OF STATE



7134915 8300

SR# 20224361356

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 205177359

Date: 12-23-22