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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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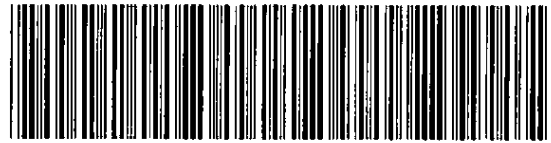
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Community Health Insurance Advisors 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:

Javier De La Rosa

Name of Person

Community Health Insurance Advisors

Firm/Company

95 Broadway Unit Number 5

Address

Newark, NJ 07104

City/State and Zip Code

c.h.i.a@chiadvisor.com

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

For further information concerning this matter, please call:

Javier De La Rosa

201

551-8025

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. Community Health Insurance Advisors LLC

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

Community Health INS Advisors 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.")

New Jersey

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

3. (FEI number, if applicable)

4. Not applicable. No transactions

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

95 Broadway Unit 5

5. (Street Address of Principal Office)

Newark, NJ 07104

79 Boston Avenue

6. (Mailing Address)

North Arlington, NJ 07031

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

Name:

Javier De La Rosa

Office Address:

325 South Biscayne Blvd #3616

Miami

(City)

Florida

33131

(Zip code)

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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. 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: Emmanuel Romero

☐ Member

Address: 325 South Biscayne Blvd

☒ Authorized

#3616,

Person

Miami, FL 33131

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

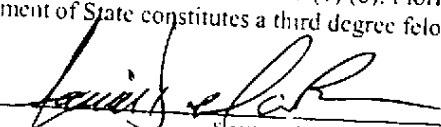
☐ Other

☐ 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

Javier De La Rosa

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

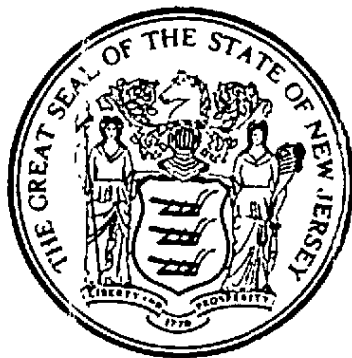
COMMUNITY HEALTH INSURANCE ADVISORS LLC
0450354267

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 27, 2019.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JAVIER DE LA ROSA
95 BROADWAY
UNIT 5
NEWARK, NJ 07104



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
8th day of February, 2024*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6150666309

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp