

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State

Received and Filed

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Fee receipt: \$178.00

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

RCA

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a limited liability company.
2. The name of the entity is: HEALTH INSURANCE ASSOCIATES LLC
3. The name of the entity to be used in Kentucky is (if applicable):
4. It is an entity organized and existing under the laws of the state of Florida.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

844 WILLIAMS LANE
PORT ORANGE, FL 32127

Registered Agent Name/Address

C T COPRORATION SYSTEM
306 WEST MAIN STREET
SUITE 512
FRANKFORT, KY 40601

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Constantine Christoforakis on 11/17/2022
7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. C T COPRORATION SYSTEM on 11/17/2022