

APPLICATION FOR AUTHORITY



Corporation Division
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E-FILED
Apr 07, 2021
OREGON SECRETARY OF STATE

REGISTRY NUMBER

180701097

TYPE

FOREIGN LIMITED LIABILITY COMPANY

1. ENTITY NAME

MHB INSURANCE SERVICES LLC

2. MAILING ADDRESS

2650 MCCORMICK DR STE 200S
CLEARWATER FL 33759 USA

3. NAME & ADDRESS OF REGISTERED AGENT

15872088 - CORPORATION SERVICE COMPANY

1127 BROADWAY ST NE
SUITE 310
SALEM OR 97301 USA

4. MEMBERS/MANAGERS

MANAGER

HEALTHCARE HOLDINGS OF AMERICA, LLC

2650 MCCORMICK DR STE 200S
CLEARWATER FL 33759 USA

5. MANAGEMENT

This Limited Liability Company will be manager-managed by one or more managers

6. DATE OF ORGANIZATION

05-18-2012

7. DURATION

PERPETUAL

8. JURISDICTION

AZ

9. PRIMARY PHYSICAL LOCATION

2716 S 6TH AVE
TUCSON AZ 85713 USA



I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

HEALTHCARE HOLDINGS OF AMERICA, LLC

TITLE

MANAGER

DATE SIGNED

04-07-2021