

Florida Department of State
Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850) 617-6383

From:
 Account Name : M. BURR KEIM COMPANY
 Account Number : Y19990000242
 Phone : (215) 563-8113
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 TALLAHASSEE, FLORIDA

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Email Address: _____

FLORIDA LIMITED LIABILITY CO.
NATIONAL GROUP BENEFITS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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J. BRYAN

MAY 14 2012

EXAMINER

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NATIONAL GROUP BENEFITS, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:6111 Broken Sound Pkwy. NW6111 Broken Sound Pkwy. NWSuite 340Suite 340Boca Raton, FL 33487Boca Raton, FL 33487

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

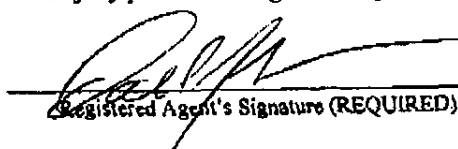
Daniel Levine

Name

6111 Broken Sound Pkwy. NW, Suite 340Florida street address (P.O. Box NOT acceptable)Boca RatonFL33487

City, State, and Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRDaniel Levine6111 Broken Sound Pkwy. NW, Suite 340
Boca Raton, FL 33487MGR MThomas Kaplan6111 Broken Sound Pkwy. NW, Suite 340
Boca Raton, FL 33487MGRMichael Rosenberg6111 Broken Sound Pkwy. NW, Suite 340
Boca Raton, FL 33487MGRJeffrey Krauss6111 Broken Sound Pkwy. NW, Suite 340
Boca Raton, FL 33487

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Daniel Levine, Authorized Person

Typed or printed name of signee

Filing Fees:\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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