

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L14000011091  
FILED 8:00 AM  
January 21, 2014  
Sec. Of State  
jshivers

**Article I**

The name of the Limited Liability Company is:  
GOBAMA CARE INSURANCE LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
8009 NW 36TH STREET  
215  
DORAL, FL. US 33166

The mailing address of the Limited Liability Company is:  
8009 NW 36TH STREET  
215  
DORAL, FL. US 33166

**Article III**

The name and Florida street address of the registered agent is:  
CLAUDIA CASTRO  
8009 NW 36TH STREET  
215  
DORAL, FL. 33166

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.

Registered Agent Signature: CLAUDIA CASTRO

## Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMGR  
CLAUDIA CASTRO  
8009 NW 36TH STREET STE 215  
DORAL, FL. 33166 US

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Signature of member or an authorized representative

Electronic Signature: CLAUDIA CASTRO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.