

SEP. 2011 2:41 PM

PITAL CONNECTION

NO

Page

Florida Department of State
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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
HEALTH FIRST INSURANCE, INC.

Certificate of Status	0
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SEP. 7. 2011 2:41PM

CAPITAL CONNECTION

NO. 6983 P. 2



September 7, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

YOUR CAPITAL CONNECTION, INC.

SUBJECT: HEALTH FIRST INSURANCE, INC.
REF: W11000046124

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent and street address must be consistent wherever it appears in your document.

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
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Letter Number: 311A00020691

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

HEALTH FIRST INSURANCE, INC. [a corporation for profit]

The undersigned five (5) incorporators, natural persons over the age of 18 years, competent to contract, hereby form a corporation under Chapter 607 and 628.081 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be HEALTH FIRST INSURANCE, INC. The address of the principal office of this corporation shall be 6450 U.S. Highway 1, Rockledge, Brevard County, Florida 32955 and the mailing address shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation, more specifically, to form, operate, manage or own a stock insurer insurance company pursuant to the Florida Insurance Code, Title XXXVII, Florida Statutes (2010), to include obtaining an Indemnity license(s) for the purpose of offering and selling Medicare Supplemental Insurance, also known as "Medigap Insurance", and other health insurance products as the board determines may be appropriate.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 6450 U.S. Highway 1, Rockledge, Florida 32955 and the name of the initial registered agent of the corporation at that address is David E. Mathias.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

This corporation shall have at least five (5) directors initially. The corporation may have up to thirteen (13) directors. Members of the Board of Directors shall be elected and hold office in accordance with the corporate bylaws.

ARTICLE VII. INCORPORATORS

The name and street address of the incorporators to these Articles of Incorporation are:

Margaret Haney
6450 US Highway 1
Rockledge, FL 32955

Larry F. Garrison
6450 US Highway 1
Rockledge FL 32955

Robert C. Galloway
6450 US Highway 1
Rockledge, FL 32955

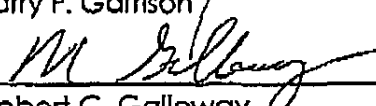
David E. Mathias
6450 US Highway 1
Rockledge, FL 32955

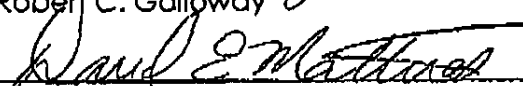
James Beerman
6450 US Highway 1
Rockledge, FL 32955

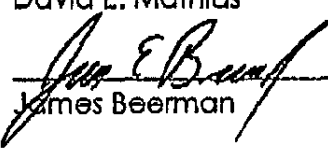
IN WITNESS WHEREOF, the undersigned have set their hands and seals on August 31, 2011.


Margaret Haney


Larry F. Garrison


Robert C. Galloway


David E. Mathias


James Beerman

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME personally appeared Margaret Haney, who is personally known to me, who executed the foregoing instrument and acknowledged to and before me she executed said instrument for the purposes therein expressed. WITNESS my hand and official seal this 31st day of August, 2011.



NOTARY PUBLIC:

A handwritten signature in black ink, appearing to read "Kim Nowakowski", written over a horizontal line.

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME personally appeared Larry F. Garrison, who is personally known to me, who executed the foregoing instrument and acknowledged to and before me he executed said instrument for the purposes therein expressed. WITNESS my hand and official seal this 6th day of September, 2011.



NOTARY PUBLIC:

A handwritten signature in black ink, appearing to read "Kim Nowakowski", written over a horizontal line.

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME personally appeared Robert C. Galloway, who is personally known to me, who executed the foregoing instrument and acknowledged to and before me he executed said instrument for the purposes therein expressed. WITNESS my hand and official seal this 31st day of August, 2011.



NOTARY PUBLIC:

A handwritten signature in black ink, appearing to read "Kim Nowakowski", written over a horizontal line.

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME personally appeared David E. Mathias, who is personally known to me, who executed the foregoing instrument and acknowledged to and before me he executed said instrument for the purposes therein expressed. WITNESS my hand and official seal this 31st day of August, 2011.



NOTARY PUBLIC:

A handwritten signature in dark ink, appearing to read "Kim Nowakowski", written over a horizontal line.

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME personally appeared James Beerman, who is personally known to me, who executed the foregoing instrument and acknowledged to and before me he executed said instrument for the purposes therein expressed. WITNESS my hand and official seal this 31st day of August, 2011.



NOTARY PUBLIC:

A handwritten signature in dark ink, appearing to read "Kim Nowakowski", written over a horizontal line.

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CAPITAL CONNECTION

NO. 6983 P. 7

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF
INCORPORATION OF HEALTH FIRST INSURANCE, INC.

Having been named as registered agent and to accept service of process for HEALTH FIRST INSURANCE, INC., the above-stated corporation, 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 provision of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligation of my position as registered agent under Section 607.0505, Florida Statutes.



David E. Mathias
6450 U.S. Highway 1
Rockledge, Florida 32955
Tel (321) 434-4355

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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