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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : JONES, FOSTER, JOHNSTON & STOBBS,
Account Number : 076077003231
Phone : (561) 650-6471
Fax Number : (561) 650-5300

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lalexandera@jonesfooster.com

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COMMERCIAL
SERVICES

FLORIDA LIMITED LIABILITY CO.
Florida Medical Benefits Exchange, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

T COLLINS
JUN 25 2018

**ARTICLES OF ORGANIZATION
OF
FLORIDA MEDICAL BENEFITS EXCHANGE, LLC**

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Revised Limited Liability Company Act, Chapter 605, Laws of Florida.

ARTICLE I

Name

The name of the Limited Liability Company is FLORIDA MEDICAL BENEFITS EXCHANGE, LLC.

ARTICLE II

Address

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

505 South Flagler Drive, Suite 1100
West Palm Beach, FL 33401

ARTICLE III

Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are

Jones Foster Service, LLC
505 South Flagler Drive, Suite 1100
West Palm Beach, Florida 33401

ARTICLE IV

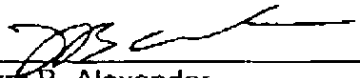
Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

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In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Date: June 21, 2018



Larry B. Alexander
Authorized Representative

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TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to the provisions of Section 605.0113, Florida Statutes, this Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That FLORIDA MEDICAL BENEFITS EXCHANGE, LLC, desiring to organize under the laws of the State of Florida, has named JONES FOSTER SERVICE, LLC, located at the Registered Office of the Limited Liability Company at 505 South Flagler Drive, Suite 1100, West Palm Beach, Florida 33401, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

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 605, F.S.

JONES FOSTER SERVICE, LLC, Register Agent

By


Larry B. Alexander, Manager

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