

103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT # FCA 14

100000004105

CONTACT: CINDY HICKS

DATE: 4-11-00

500003203155-6
-04/11/00--01050--016
****155.00 ****155.00

REF. #: 0409.11536

CORP. NAME: CCS Benefits Services, LLC

FILED
00 APR 11 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: | | |

Name
Available
4-11

STATE FEES PREPAID WITH CHECK# 7505 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN UNEMBEDDED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

RECEIVED
00 APR 11 AM 10:25
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
CCS BENEFITS SERVICES, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **CCS BENEFITS SERVICES, LLC**

ARTICLE II: - Address

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

4875 North Federal Highway, 3rd Floor
Ft. Lauderdale, Florida 33308.

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

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

Cundy Insurance Agency, Inc.
4875 North Federal Highway, 3rd Floor
Ft. Lauderdale, Florida 33308

288912

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.

CUNDY INSURANCE AGENCY, INC.

By: _____

Thomas C. Cundy, Chairman

ARTICLE IV: - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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

(In accordance with section §608(3), Florida Statutes, the execution
of this document constitutes an affirmation under the penalties of perjury
that the facts stated herein are true.)

Thomas C. Cundy

Typed or printed name of signee