

L020000011643

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY
MEDPLAN, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

02 MAY 14 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

EB

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE 1. - NAME

The name of the Limited Liability Company is **MEDPLAN, LLC**

ARTICLE 2. - ADDRESS

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

**2500 NW 79th Ave., Suite 205
Miami, Florida**

**ARTICLE 3. - REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

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

**Juan Montes
145 East 49th St.
Hialeah, Florida 33013**

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.

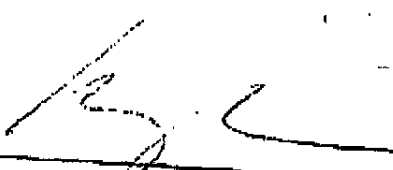

Registered Agent's Signature

ARTICLE IV - MANAGEMENT

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

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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 penalties of perjury that the facts stated herein are true)

MICHAEL YORK

Typed or printed name of signer

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TALLAHASSEE, FLORIDA