

L03000043071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100024161531

11/03/03--01028--011 **125.00

L03-43071

al

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH BENEFITS ONLINE, LC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH A. STRAUSS
(Name of Person)

HEALTH BENEFITS ONLINE, LC
(Firm/Company)

P.O. BOX 2169
(Address)

JUPITER, FLORIDA 33468
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH A. STRAUSS at (561) 575-0505
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALTH BENEFITS ONLINE, LC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7149 S.E. RIVERS EDGE STREET
JUPITER, FLORIDA 33458

P.O. BOX 2169
JUPITER, FLORIDA 33468

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

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

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301
City, State, and Zip

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.,

Corporation Service Company

Brian Courtney
Asst. V. Pres.

By: [Signature]
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

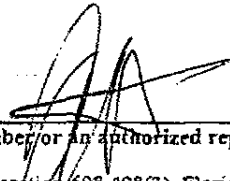
"MGRM" = Managing Member

Name and Address:MGRMDOUGLAS DINZIK
18380 S.E. RIDGEVIEW DRIVE
TEQUESTA, FLORIDA 33469MGRMGERARD KAISER
44 RACON ROAD
OLD WEST BURH, NEW YORK 11568MGRMTIMOTHY WHITEFIELD
5000 N. OCEAN BOULEVARD APT 201
FT. LAUDERDALE, FLORIDA 33308MGRMCHRIS WRBA
3060 TOTTKA CIRCLE
LONGWOOD, FLORIDA 32779MGRM

(Use attachment if necessary)

STEFAN DEVUCHT
11463 SUNDANCE LANE
KODAK RATION, FLORIDA 33428

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:
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 the penalties of perjury that the facts stated herein are true.)

JOSEPH A. STRAUSS

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)