

Division of Corporations

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Florida Department of State  
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Account Name : TESCHER, LIPPMAN & VALINSKY  
Account Number : 072164000350  
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**LIMITED LIABILITY COMPANY**

**HEALTHPLUS Benefits LLC**

Certificate of Status	0
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FAX AUDIT #H030003138703  
Prepared By: Tescher Lippman & Valinsky  
100 Northeast Third Avenue, Suite 610  
Fort Lauderdale, Florida 33301  
(954) 467-1964  
Patricia Fox-Butler, FL Bar No. 118613

**ARTICLES OF ORGANIZATION  
of  
HEALTHPLUS BENEFITS LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: HEALTHPLUS Benefits LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 19495 Biscayne Boulevard, Suite 401, Aventura, Florida 33180.

**ARTICLE III - Registered Agent:**

The Registered Agent and the street address of such registered agent in Florida shall be:

Tescher Lippman & Valinsky, P.A.  
100 Northeast Third Avenue, Suite 610  
Fort Lauderdale, Florida 33301

  
Jay Valinsky, Esq., Authorized Representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: HEALTHPLUS Benefits LLC.
2. The name and the Florida street address of the registered agent are:

Tescher Lippman & Valinsky, P.A.  
100 Northeast Third Avenue, Suite 610  
Fort Lauderdale, FL 33301-1165

*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.*

Tescher Lippman & Valinsky, P.A.

By:   
Jay Valinsky, Esq., Vice President

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