

LO4 000021741

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

From:
Account Name : HUSCO
Account Number : 104662003400
Phone : (516) 935-1940
Fax Number : (516) 935-1088

LIMITED LIABILITY COMPANY

Community Discount Health Plan LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **Community Discount Health Plan LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

2216 Fountain Key Circle

2216 Fountain Key Circle

Windermere, FL 34786

Windermere, FL 34786

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

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

Bryan Peck

Name

2216 Fountain Key Circle

(P.O. Box or Mail Drop Box NOT Acceptable)

Windermere, FL 34786

(City / State / Zip)

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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.

X


Registered Agent's Signature - Bryan Peck

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

H04000060012

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Bryan Peck - 2216 Fountain Key Circle, Windermere, FL 34786

(Use attachment if necessary)

REQUIRED SIGNATURE:

X



Signature of a member or 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.)

Bryan Peck

Typed or printed name of signee

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