

L04 000059583

Division of Corporations

Page 1 of 1

**Florida Department of State
Division of Corporations
Public Access System**

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000164840 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : BROAD AND CASSEL (BOCA RATON)
Account Number : 076376001555
Phone : (561)483-7000
Fax Number : (561)218-8960

RECEIVED

04 AUG 11 AM 9:49

DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

HEALTH BENEFITS DIRECT II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

TALLAHASSEE, FLORIDA

04 AUG 11 AM 9:04

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help



7777 GLADES ROAD
SUITE 300
BOCA RATON, FLORIDA 33434
TELEPHONE: 561.483.7000
FACSIMILE: 561.483.7321
www.broadandcassel.com

TELECOPIER TRANSMITTAL

DATE: Wednesday, August 11, 2004 9:16:36 AM
TO: FL Dept. of State
ADDRESS:
TELECOPIER PHONE NO.: 1-850-205-0383
CONFIRMATION PHONE NO.:
FROM: Daisy Rodriguez
TOTAL NUMBER OF PAGES: 04 (including cover)
CLIENT AND MATTER: 32580-0004

MESSAGE:

FILED
04 AUG 11 AM 9:04
TALLAHASSEE, FLORIDA

PLEASE NOTIFY US IMMEDIATELY IF ALL PAGES WERE NOT RECEIVED AT 561.483.7000

FAX OPERATOR: FIRST ATTEMPT: SECOND ATTEMPT:

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS ATTORNEY-CLIENT PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

Fax Audit Number: HD4000164840 3**ARTICLES OF ORGANIZATION****OF****HEALTH BENEFITS DIRECT II, LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company shall be: Health Benefits Direct II, LLC.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 555 South Federal Highway, Suite 200, Boca Raton, Florida 33432 with the privilege of having its offices and branch offices at other places within or without the State of Florida.

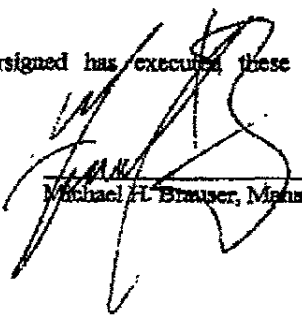
ARTICLE III

The initial registered office of this limited liability company is 555 South Federal Highway, Boca Raton, Suite 200, Florida 33432. The initial registered agent at that address is Michael H. Brauser.

ARTICLE IV

This limited liability company shall commence its existence as of the execution hereof on August 10, 2004, and shall exist perpetually thereafter unless sooner dissolved.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 10th day of August, 2004.


Michael H. Brauser, ManagerFax Audit Number: HD4000164840 3RECEIVED
TALLAHASSEE, FLORIDA
04 AUG 11 AM 9:04

FILED

Fax Audit No. H04000164840 3**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST - The name of the limited liability company is Health Benefits Direct II, LLC.

SECOND - The name and address of the registered agent and office is:

Michael H. Brauser
555 South Federal Highway, Suite 200
Boca Raton, Florida 33432

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.

Dated this 10 day of August, 2004.



Michael H. Brauser, Registered AgentRECEIVED
DEPARTMENT OF STATE
FLORIDA

04 AUG 11 AM 9:04

FILED

14324

Fax Audit Number: H04000164840 3