

2004 AUG -9 P 3:08
SECRET

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08/09/04--01055--016 **160.00

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ALY

Office Use Only

PROBLEM RESOLUTION SERVICE
876 GARDENIA DR.
ROYAL PALM BEACH, FL 33411
(561) 798-6241

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registration Section
Division of Corporations
P O Box 6327
Tallahahassee, FL 23214

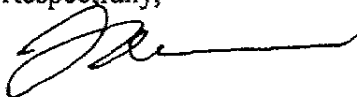
Re: Health Plans, LLC

Enclosed, herewith, are:

- 1.) Transmittal Letter
- 2.) LLC Information Letter
- 3.) Articles of Organization
- 4.) Check in the Amount of \$ 160.00
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy
\$ 5.00 Certificate of Status
- 5.) Self Addressed, Stamped Envelope

Please return approved and stamped copies of Articles of Organization, Designation of Registered Agent, Certified Copy and Certificate of Status to Problem Resolution Service, 876 Gardenia Dr., Royal Palm beach, FL 33411

Respectfully,



Iris Berke

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH PLANS, LLC
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

(Name of Person)
IRIS BERKE

HEALTH PLANS, LLC
%PROBLEM RESOLUTION SERVICE
(Firm/Company)

876 GARDENIA DRIVE(Address)
ROYAL PALM BEACH, FL 33411

City, State, Zip

For Further information concerning this matter, please call:

IRIS BERKE at (561) 798-6241
(Name of Person) (Area Code & Daytime Phone 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**

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TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is:
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:

3423 BALTUSROL LANE
LAKE WORTH, FL 33467

SAME

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

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

SHIRLEY CUTCHER

Name

3423 BALTUSROL LANE

Florida street address (P.O. Box **NOT** acceptable)
LAKE WORTH, FL 33467

City, State, 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, Florida Statutes..



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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:

MGRM

SHIRLEY CUTCHER

3423 BALTUSROL LA

LAKE WORTH, FL 33467

MGR

WILLIAM CUTCHER

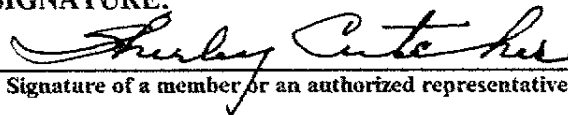
3423 BALTUSROL LA

LAKE WORTH, FL 33467

(Use attachment if necessary)

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.)


Typed or printed name of signee