Division of Corporations Electronic Filing Cover Sheet

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(((H14000094300 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

R. WHITE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

MERGER OR SHARE EXCHANGE Connextions HCI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$50.00

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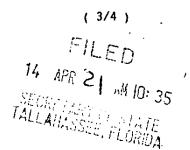
1

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Connextions HCI, LLC				
	Name of Surviving	g Party		
The enclosed Certificate of Merger and fee	(s) are submitted t	for filing.		
Please return all correspondence concerning	g this matter to:			
Kelly O'Rourke				
Contact Person				
UnitedHealth Group Incorporated		•		
Firm/Company				
9900 Bren Road East, MN008-T502				
Address				
Minnetonka, MN 55343				
City, State and Zip Code				
kelly.orourke@uhg.com				
E-mail address: (to be used for future annua.	report notification)			
For further information concerning this ma	tter, please call:			
Kelly O'Rourke	_at ()	936-7303		
Name of Contact Person	Area Code	Daytime Telephone Number		
Certified copy (optional) \$30.00				
STREET ADDRESS:	MAILING ADDRESS:			
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
Clifton Building	P. O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32301	t ailahas	ssee, FL 32314		

CR2E080 (2/14)

* 4/21/2014 12:14:32 From: To: 8506176380



Limited liability company

Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

Florida

Connextions HCI, LLC

FOU	RTH: Please check one of the	e boxes th	at apply to survivi	ng entity: (if applical	ble)				
\boxtimes	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.								
	This entity is created by the	merger an	d is a domestic fili	ng entity, the public	organic record is	s attached.			
	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.								
	This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:								
SIXT:	H: This entity agrees to pay a ss.605.1006 and 605.1061-60 H: If other than the date of fithan 90 days after the date this	5.1072, F. ling, the d	S. elayed effective da	te of the merger, wh	ich cannot be pri				
		Postar							
SEVENTH: Signature(s) for Each Party: Name of Entity/Organization: Connextions HCI NM, LLC		Signature(s):		Typed or Printed Name of Individual: Michelle M. Huntley					
						Connextions HCl, LLC		Muhuum buntuy Muhuum buntuy	
									
Corpo	rations:			President or Officer	r				
General partnerships: (If no directors selected, signature of a general partnerships:				rson					
Florid	a Limited Partnerships:	Signatur	es of all general pa	urtn er s					
	Florida Limited Partnerships: ed Liability Companies:		e of a general part e of an authorized						
Fees:	For each Limited Liability C	Company:	\$25.00	For each Corpora	ation:	\$35.00			
	For each Limited Partnership	p:	\$52.50	For each General	Partnership:	\$25.00			
	POFESCH LINET KIKINAGO POL	ntv:	ኖ շና በበ	Certified Conv.	ONDONOI).	ፍ ፈብ ሰ ለ			