

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L07000041695
FILED 8:00 AM
April 19, 2007
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:
BEST CARE INSURANCE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
170 S. SEMORAN BLVD
ORLANDO, FL. 32807

The mailing address of the Limited Liability Company is:
170 S. SEMORAN BLVD
ORLANDO, FL. 32807

Article III

The purpose for which this Limited Liability Company is organized is:
GENERAL INSURANCE ACTIVITIES. AND ANY AND ALL LAWFUL
PURPOSE.

Article IV

The name and Florida street address of the registered agent is:
MARIA S COLON
170 S. SEMORAN BLVD
ORLANDO, FL. 32807

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.

Registered Agent Signature: MARIA S. COLON

Article V

The name and address of managing members/managers are:

Title: MGRM
MARIA S COLON
170 S SEMORAN BLVD
ORLANDO, FL. 32807

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Signature of member or an authorized representative of a member

Signature: JOHN MALDONADO