L07000090522

| (Re | equestor's Name) | |
|---|----------------------|--------------|
| (Address) | | |
| (Address) | | |
| (Cit | ty/State/Zip/Phone | e #) |
| (Cil | ry/otate/2ip/i* Hote | <i>ω π</i> , |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| | omess Entity Har | no, |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | j |
| | | ŕ |
| | | |
| | | |

Office Use Only



400107658464

O7 SEP -4 AM 10: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/04/07--01044--002 **130.00

Law Office's of Steven T. Polino, P.L.L.C.

Attorney at Law 3216 Prince Ct. Bedford, Tx 76021

Steven T. Polino stplaw@sbcglobal.net

August 30, 2007

(817) 992-6359 (817) 283-1182 facsimile

VIA FEDERAL EXPRESS

Florida Secretary of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re:

Articles of Organization

A & M International Health Plans, L.L.C.

To Whom It May Concern:

Enclosed please find the original and two copies of the Articles of Organization for A & M International Health Plans, L.L.C. I have also enclosed a check in the amount of \$130.00 including the \$100.00 filing fee, an additional \$25.00 for Designation of Registered Agent and \$5.00 for a Certificate of Status.

Please ascertain whether the corporate name is available and advise if said articles are approved and placed on record with your office. Please return a file marked copy to and all correspondence concerning this matter to the following:

Steven T. Polino
Law Offices of Steven T. Polino, P.L.L.C.
3216 Prince Court
Bedford, Texas 76021

If you have any questions, please do not hesitate to call.

Singlerely,

STP/crs Enclosures

cc:

J.M. Enterprises, Inc.

William G. McKelvey

Joseph M. Antonell

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|--|
| A & M International Health Plans, L.L.C. | |
| ARTICLE II - Address: The mailing address and street address of the principal | office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 7300 North Kendall Drive , Ste. 505 | 7300 North Kendall Drive Str. 505 |
| Miami, Florida 33156 | Miami, FL 33156 |
| ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regist I.M. Antonell Enterprises, Inc. Name 9261 SW 101 Street Florida street address (P.O. Box Miami City, State, and Having been named as registered agent and to accept servic company at the place designated in this certificate, I hereby agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with the service of the | The second agent are: SEP SEP |

Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member William G. McKelvey 7300 North Kendall Drive MGR Miami, FL 33156 MGR Joseph M. Antonell 9261 SW 101 Street Miami, FL 33156 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: of a member or an authorized representative of a member.

that the facts stated herein are true.)

Joseph M. Antonell

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

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

cordance with section 608.408(3), Florida Statutes, the execution dethis document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee