

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

L08000059399  
FILED 8:00 AM  
June 17, 2008  
Sec. Of State  
gharvey

**Article I**

The name of the Limited Liability Company is:

MEDICARE ADVANTAGE PLANS OF FLORIDA, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

10150 BELLE RIVE BLVD.  
1003  
JACKSONVILLE, FL. 32256

The mailing address of the Limited Liability Company is:

9838 OLD BAYMEADOWS ROAD  
PMB 206  
JACKSONVILLE, FL. 32256

**Article III**

The purpose for which this Limited Liability Company is organized is:

I AM A FLORIDA LICENSED HEALTH, LIFE AND ANNUITY AGENT. I  
AM AN INDEPENDENT AGENT AND WORK WITH MANY COMPANIES. I  
SPECIALIZE IN THE SENIOR MARKET WITH MEDICARE SUPPLEMENT  
AND MEDICARE ADVANTAGE POLICIES AND FINAL EXPENSE LIFE  
INSURANCE.

**Article IV**

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

BROOKS M MITCHELL  
10150 BELLE RIVE BLVD.  
1003  
JACKSONVILLE, FL. 32256

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: BROOKS MITCHELL

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
BROOKS M MITCHELL  
10150 BELLE RIVE BLVD, APT 1003  
JACKSONVILLE, FL. 32256 DU

Title: MGR  
OLGA MITCHELL  
10150 BELLE RIVE BLVD, APT 1003  
JACKSONVILLE, FL. 32256 DU

### **Article VI**

The effective date for this Limited Liability Company shall be:

07/01/2008

Signature of member or an authorized representative of a member

Signature: BROOKS M MITCHELL

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