

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

L10000031420  
FILED 8:00 AM  
March 22, 2010  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:  
MYLIFE HEALTH SOLUTIONS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
409 IPSWICH STREET  
ALTAMONTE SPRINGS, FL. US 32701

The mailing address of the Limited Liability Company is:  
P O BOX 941119  
MAITLAND, FL. US 32794

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
ROCKPORT PARTNERS LLC  
409 IPSWICH STREET  
ALTAMONTE SPRINGS, FL. 32701

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: ARTHUR WRIGHT

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
ROCKPORT PARTNERS LLC  
409 IPSWICH STREET  
ALTAMONTE SPRINGS, FL. 32701 US

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### **Article VI**

The effective date for this Limited Liability Company shall be:

03/22/2010

Signature of member or an authorized representative of a member

Signature: ARTHUR WRIGHT