Electronic Articles of Organization
For
Florida Limited Liability Company

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FILED 8:00 AM
April 12, 2010
Sec. Of State
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Article I

The name of the Limited Liability Company is:

MEDCAID INSURANCE AND FINANCES L.L.C.

Article II

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

4830 MARINERS WAY
P
COCONUT CREEK, FL. US 33063

The mailing address of the Limited Liability Company is:

4830 MARINERS WAY
P
COCONUT CREEK, FL. US 33063

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:

MARCELA P SESTER
4830 MARINERS WAY
P
COCONUT CREEK,, FL. 33063

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: MARCELA SESTER

Article V

The effective date for this Limited Liability Company shall be:

04/06/2010

Signature of member or an authorized representative of a member

Signature: MARCELA SESTER