

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

L10000048984
FILED 8:00 AM
May 06, 2010
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:

HEALTH CARE ASSURANCE GROUP LLC

Article II

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

1885 NE 117 ROAD
NORTH MIAMI, FL. 33181

The mailing address of the Limited Liability Company is:

1885 NE 117 ROAD
NORTH MIAMI, FL. 33181

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:

LEONELLA TRETO
1885 NORTH EAST 117 ROAD
NORTH MIAMI, FL. 33181

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: LEONELLA TRETO

Article V

The name and address of managing members/managers are:

Title: MGR
LEONELLA TRETO
1885 NORTH EAST 117 ROAD
NORTH MIAMI, FL. 33181

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Article VI

The effective date for this Limited Liability Company shall be:

05/01/2010

Signature of member or an authorized representative of a member

Signature: LEONELLA TRETO