Electronic Articles of Organization
For
Florida Limited Liability Company

L10000066011
FILED 8:00 AM
June 21, 2010
Sec. Of State
tcline

Article I

The name of the Limited Liability Company is:

FLORIDA HEALTH INSURANCE CENTER LLC

Article II

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

375 DOUGLAS AVENUE
2010
ALTAMONTE SPRINGS, FL. 32714

The mailing address of the Limited Liability Company is:

375 DOUGLAS AVENUE
2010
ALTAMONTE SPRINGS, FL. 32714

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:

WILLIAM T DEES
986 INNSWOOD CT
LONGWOOD, FL. 32779

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: WILLIAM T DEES

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Article V

The name and address of managing members/managers are:

Title: MGR
WILLIAM T DEES
986 INNSWOOD CT
LONGWOOD, FL. 32779

Title: MGR
DONALD W DANTON
1398 LA COSTA VILLAGE BLVD
PORT ORANGE, FL. 32129

Article VI

The effective date for this Limited Liability Company shall be:

06/21/2010

Signature of member or an authorized representative of a member

Signature: WILLIAM DEES