

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

L10000123493
FILED 8:00 AM
December 01, 2010
Sec. Of State
clewis

Article I

The name of the Limited Liability Company is:
KEY HEALTH PLANS, L.L.C.

Article II

The street address of the principal office of the Limited Liability Company is:
5440 MARINER STREET
SUITE 110
TAMPA, FL. 33609

The mailing address of the Limited Liability Company is:
5440 MARINER STREET
SUITE 110
TAMPA, FL. 33609

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:
BRUCE FRIEMAN
5440 MARINER STREET
SUITE 110
TAMPA, FL. 33609

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: BRUCE FRIEMAN

Article V

The name and address of managing members/managers are:

Title: MGR
BRUCE FRIEMAN
5440 MARINER STREET, STE 110
TAMPA, FL. 33609

Title: MGR
PEDRO CARETTO
5440 MARINER STREET, STE 110
TAMPA, FL. 33609

Title: MGR
MARIO PAEZ
5440 MARINER STREET, STE 110
TAMPA, FL. 33609

Title: MGR
ERNESTO A URDANETA
5440 MARINER STREET, STE 110
TAMPA, FL. 33609

Title: MGR
SUSAN GRIFFEN
5440 MARINER STREET, STE 110
TAMPA, FL. 33609

Title: MGR
BRUCE CARPENTER
5440 MARINER STREET, STE 110
TAMPA, FL. 33609

Article VI

The effective date for this Limited Liability Company shall be:

11/23/2010

Signature of member or an authorized representative of a member

Signature: STEPHEN P. WALROTH-SADURNI

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FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18502456030
FROM	Stephen P. Walroth-Sadurni
DATE	2010-12-01 17:45:22 GMT
RE	Key Health Plans, L.L.C.

COVER MESSAGE

Dear Ms. Lewis: In response to your e-Mail, please be informed that the principal of "Key Health Plans, Inc." (Document Number: P10000009624), to wit, Bruce Frieman, is also a principal of the above referenced limited liability company to be formed "Key Health Plans, L.L.C." Enclosed, please find:

- i.) Our cover letter; and,
- ii.) An affidavit, signed by Bruce Frieman, confirming that he will be a Manager, and the Registered Agent, for "Key Health Plans, L.L.C.", and that he consents to the formation of this new company with a similar name to "Key Health Plans, Inc." (Document Number: P10000009624).

In the event you have any questions, please feel free to call me.
Thank you for your prompt attention to this matter.

Respectfully,

SPWS

Stephen P. Walroth-Sadurni, Esq.
Walroth-Sadurni & Mendoza-Tirado, P.A.
Office In The Grove
2699 South Bayshore Drive
Seventh Floor
Miami, Florida 33133 - 5408
Tel. 305.854.3944
Fax 305.854.3943
e: walroth.s@wsmt-intlaw.com
www.wsmt-intlaw.com

WALROTH-SADURNI LAW

WALROTH-SADURNI & MENDOZA-TIRADO
A PROFESSIONAL ASSOCIATION

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MIAMI, FLORIDA 33133
TEL. 305.854.3944
FAX 305.854.3943

WWW.WSMTINTLAW.COM

STEPHEN P. WALROTH-SADURNI, ESQ.
ADMITTED IN FLORIDA
WWW.WSMTINTLAW.COM

Miami, Florida; 30 November 2010

Ms. Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section
Secretary of State
Division of Corporations
State of Florida
Post Office Box 6327
409 E. Gaines Street
Tallahassee, Florida 32399

Via e-Mail

Document Number:	W10000055068
Entity Name:	KEY HEALTH PLANS, L.L.C.
Tracking Number:	700188107327
Pin Number:	7327

Dear Ms. Lewis:

In response to your e-Mail of November 24, 2010, at 2:21:28 PM EST, please be informed that the principal of "Key Health Plans, Inc." (Document Number: P10000009624), to wit, Bruce Frieman, is also a principal of the above referenced limited liability company to be formed "Key Health Plans, L.L.C." Enclosed, please find an affidavit, signed by Bruce Frieman, confirming that he will be a Manager, and the Registered Agent, for "Key Health Plans, L.L.C.", and that he consents to the formation of this new company with a similar name to "Key Health Plans, Inc." (Document Number: P10000009624). In the event you have any questions, please feel free to call me on my cellular telephone (305.389.8714).

Thank you for your prompt attention to this matter.

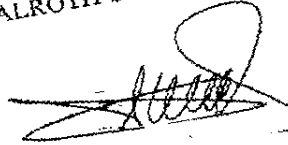
2010-12-01 17:45:41 (GMT)

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Ms. Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section
Secretary of State
Division of Corporations
State of Florida
Page 2

Very truly yours,

WALROTH-SADURNI LAW



Stephen P. Walroth-Sadurni, Esq.

SPWS:kjs

SECRETARY OF STATE
DIVISION OF CORPORATIONS
STATE OF FLORIDA

Articles of Organization -

Document Number: W10000055068
Entity Name: KEY HEALTH PLANS, L.L.C.
Tracking Number: 700188107327
Pin Number: 7327

AFFIDAVIT OF BRUCE FRIEMAN

COUNTY: PINELLAS
STATE: FLORIDA

BEFORE ME, the undersigned authority, a licensed notary public or officer duly authorized to administer oaths and to take acknowledgments by the State of Florida, personally appeared Bruce Frieman, who after first being duly sworn under oath according to law, affirmatively deposes and says:

1. I am one and the same as the Declarant/Affiant herein.
2. I reside and maintain my domicile at 4930 Sandpiper Lane, St. Petersburg, Florida.
3. In response to an e-Mail from Carolyn Lewis, Regulatory Specialist II, Registration/Qualification Section, the Florida Secretary of State, Division of Corporations, dated November 24, 2010 2:21:28 PM EST, please be informed that:
 - a.) I am the principal (including the sole Director and Officer) of "Key Health Plans, Inc." (Document Number: P10000009624);
 - b.) I am also a principal (a Manager) of Key Health Plans, L.L.C., the subject limited liability company to be formed;
 - c.) I am the Registered Agent of Key Health Plans, L.L.C., the subject limited liability company to be formed; and,

Affidavit of Bruce Frieman
Page 2

d.) I, individually and as the principal of Key Health Plans, Inc., do hereby consent to the formation of Key Health Plans, L.L.C., as a Florida Limited Liability Company, and that it use and share a similar name with Key Health Plans, Inc.

FURTHER AFFIANT SAYETH NOT.

IN WITNESS WHEREOF, the undersigned does hereby execute this Affidavit under oath.


Bruce Frieman

NOTARY CERTIFICATE

COUNTY: HILLSBOROUGH

STATE: FLORIDA

BEFORE ME, the undersigned authority, as duly authorized by the State of Florida as a Notary Public in conformity with the Hague Convention, I do hereby certify that on this day personally appeared **Bruce Frieman**:

- ☒ to me is well known to be the person described in, and who signed, the foregoing Document; or,
- ☐ produced the following identification: *Mexican Passport*, No. _____;

And, who acknowledged to me under oath that he has read and executed the foregoing Affidavit freely and voluntarily, and that the statements contained therein are true and correct.

WITNESS my hand and official seal this 29th day of November of 2010.


NOTARY PUBLIC

