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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 MAR -7 AM 8:46

**FLORIDA LIMITED LIABILITY CO.
ORANGE MEDICAL PLAN, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

C. LEWIS

MAR - 8 2013

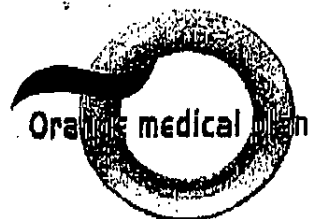
EXAMINER

RECEIVED
13 MAR -7 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 MAR -7 AM 8:46

March 7, 2013

Florida Department of State
R.A Gray Building
500 South Bronough Street
Tallahassee, FL 32399-0250

Re: *Orange Medical Plan, LLC*

This letter is to certify that that *Orange Medical Plan, LLC* will have the same appointed owners as *Orange Medical Plan, INC.* Please refer to below reference:

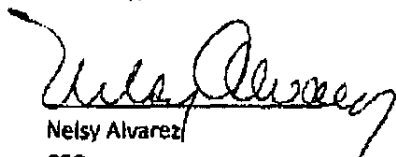
Officer /Director Detail:

Title: Director
Name: Fernando Baca, Arnaldo
Address: 6700 Cypress Road # 405
City-State-Zip: Plantation, FL 33317

Title: CEO
Name: Alvarez, Nelsy
Address: 18400 NW 75th Place # 110
City-State-Zip: Hialeah, FL 33015

Please feel free to contact us for any further questions or concerns.

Sincerely,


Nelsy Alvarez
CEO

18400 NW 75th Place - Suite 110 - Miami, FL 33015
Ph: 305.823.4005 - Fax 305.823.4007
www.orangemedicalplan.com

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(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Orange Medical Plan, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nelsy Alvarez

Name of Person

Orange Medical Plan, LLC

Firm/Company

18400 NW 75th Place, Suite 110

Address

Hialeah, FL 33317

City/State and Zip Code

nelsyalvarez@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nelsy Alvarez

Name of Person

at **305 823-4005**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ORANGE MEDICAL PLAN, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

18400 NW 75 PLACE

SUITE #110

HIALEAH, FL 33015

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARNALDO FERNANDEZ-BACA

Name

6700 CYPRESS ROAD #405

Florida street address (P.O. Box NOT acceptable)

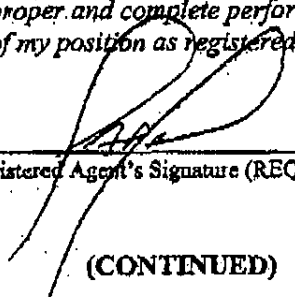
PLANTATION

FL

33317

City, State, and Zip

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 as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS
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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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SECRETARY OF STATE
DIVISION OF CORPORATION

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

NELSY ALVAREZ

18400 NW 76TH PL., SUITE# 110

HALEAH, FL 33015

MGRM

ARNALDO FERNANDEZ-BACA

6700 CYPRESS ROAD, #405

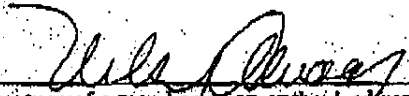
PLANTATION, FL 33317

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/6/2013 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

NELSY ALVAREZ

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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