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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

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DIVISION OF CORPORATIONS
2013 MAR -7 AM 8:46

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

Email Address: _____

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

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

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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	Title:	CEO
Name:	Fernando Baca, Arnaldo	Name:	Alvarez, Nelsy
Address:	6700 Cypress Road # 405	Address:	18400 NW 75th Place # 110
City-State-Zip:	Plantation, FL 33317	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 at (305) 823-4005
Name of Person — 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, "L.L.C.," 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.)

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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)

ARTICLE IV- Manager(s) or Managing Member(s): H13000053758
The name and address of each Manager or Managing Member is as follows:

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Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	NELSY ALVAREZ 18400 NW 75TH PL., SUITE# 110 HIALEAH, 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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