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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 : FASTKIT CORP
 Account Number : I201000000009
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Health Plan Markets, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Health Plan Markets, LLC

(Must end with the words " Limited Liability Company, the abbreviation "L.L.C." or the designation "LLC.")

ARTICLE II – Address:

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

Principal Address:

1800 Pembroke Dr
Suite 300
Orlando, Florida 32810

Mailing Address:

5590 West 20th Ave
Suite 100
Hialeah, Florida 33016

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:

Paul G. Silverio-Benet

Name:

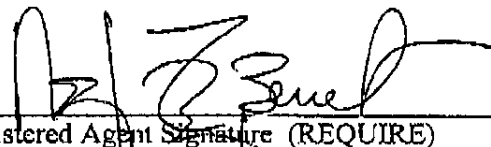
5590 West 20th Ave , Suite 100

Address:

Hialeah, Florida 33016

City , State, 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 Signature (REQUIRE)

(CONTINUED)

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ARTIVE IV – Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

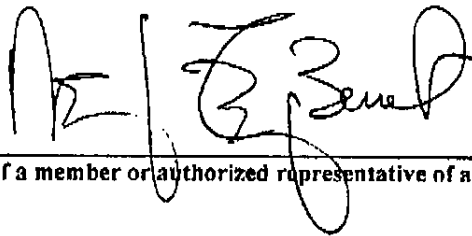
Justin Jacobs
1800 Pembroke Dr.
Suite 300
Orlando, Florida 32810

MGRM

Marcos E. Silverio
1800 Pembroke Dr.
Suite 300
Orlando, Florida 32810

ARTICLE V : Effective date, if other than the date of filing: _____, (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 authorized representative of a member

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In accordance with section 608.408(3), Florida Statute, 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 s.817.155, F.S.)

PAUL G. SILVERIO-BENET
(Typed or printed name of signee)