

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

L14000077961  
FILED 8:00 AM  
May 14, 2014  
Sec. Of State  
alunt

**Article I**

The name of the Limited Liability Company is:

HEALTH INSURANCE CHOICES LLC

**Article II**

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

11904 ANGLE POND AVENUE  
WINDERMERE, FL. US 34786

The mailing address of the Limited Liability Company is:

11904 ANGLE POND AVENUE  
WINDERMERE, FL. US 34786

**Article III**

Other provisions, if any:

ALL LEGAL BUSINESSES

**Article IV**

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

LETICIA CARRASCO  
11904 ANGLE POND AVENUE  
WINDERMERE, FL. 34786

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: LETICIA CARRASCO

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
LETICIA CARRASCO  
11904 ANGLE POND AVENUE  
WINDERMERE, FL. 34786 US

Title: MGR  
VICTOR CARRASCO  
11904 ANGLE POND AVENUE  
WINDERMERE, FL. 34786 US

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Signature of member or an authorized representative

Electronic Signature: LETICIA CARRASCO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.