# Electronic Articles of Organization For Florida Limited Liability Company

L14000086691 FILED 8:00 AM May 29, 2014 Sec. Of State kasaly

### **Article I**

The name of the Limited Liability Company is: AMERICAN HEALTH PLANS, LLC

### **Article II**

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

501 SHOTGUN ROAD SUITE 160 SUNRISE, FL. UN 33326

The mailing address of the Limited Liability Company is:

501 SHOTGUN ROAD SUITE 160 SUNRISE, FL. UN 33326

# **Article III**

Other provisions, if any:

ANY LAWFUL PURPOSE

## **Article IV**

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

TRAVIS WILSON 501 SHOTGUN ROAD SUITE 160 SUNRISE, FL. 33326

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: TRAVIS WILSON

### **Article V**

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

Title: MGR TRAVIS WILSON 501 SHOTGUN ROAD SUNRISE, FL. 33326 UN

Title: MGR

INSURANCE DEPOT MARKETING CORPORATION

501 SHOTGUN ROAD SUNRISE, FL. 33326 UN

Signature of member or an authorized representative

Electronic Signature: TRAVIS WILSON

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.

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