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

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

EFFECTIVE DATE
10-30-14

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

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FLORIDA LIMITED LIABILITY CO.
Medicare Insurance Solutions, LLC

Certificate of Status	1
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

EFFECTIVE DATE
6-30-14

Article I. Name

The name of this Florida limited liability company is:
Medicare Insurance Solutions, LLC

Article II. Address

The street address of the Company's initial principal office is:
Medicare Insurance Solutions, LLC
1653 Sun City Center Plaza
Sun City Center FL 33573

The mailing address of the Company's initial principal office is:
Medicare Insurance Solutions, LLC
1653 Sun City Center Plaza
Sun City Center FL 33573

Article III. Registered Agent

The name and street address of the Company's registered agent is:

Law Offices of Joseph F. Pippen, Jr. & Associates, PL
1920 East Bay Drive
Largo FL 33771

Article IV. Transferability of Membership Interests

No members shall have the right to assign their membership interests in the Company without the written agreement of all of the membership interests, unless otherwise provided in the Company's Operating Agreement. If the assignment is not approved by all of the membership interests, the assignee shall have no right to become a member, to participate in the management of the Company, or to exercise any other rights or powers of a member. The assignee shall merely be entitled to receive the share of profits and other distributions and the allocation of income, gain, loss deduction, credit or similar item to which the assignor was entitled, to the extent assigned.

Law Offices of Joseph F. Pippen, Jr. & Associates, PL
1920 East Bay Drive
Largo FL 33771
727 586 3306 ext 216

Article V. Distribution of Profits

Unless otherwise provided in the Company's Operating Agreement, there shall not be any distribution of profits unless each separate distribution is approved by the affirmative vote of members who own more than 50% of the voting interest in the Company. The voting members shall have complete discretion on when and if to approve any distribution of profits.

Article VI. Management

This will be a member-managed company. The name and address of each member is:

Thomas Payant
1653 Sun City Center Plaza
Sun City Center FL 33573
Robyn Payant
1653 Sun City Center Plaza
Sun City Center FL 33573

Article VII. Company Existence

The Company's existence shall begin effective as of June 30, 2014.

The undersigned authorized representative of a member executed these Articles of Organization on 6/30/2014.

LAW OFFICES OF JOSEPH F. PIPPEN, JR. & ASSOCIATES, PL

by Tim Pratts as Attorney-in-Fact

Law Offices of Joseph F. Pippen, Jr. & Associates, PL
1920 East Bay Drive
Largo FL 33771
727 586 3306 ext 216

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STATEMENT OF REGISTERED AGENT

LIMITED LIABILITY COMPANY:
Medicare Insurance Solutions, LLC

REGISTERED AGENT/OFFICE:
Law Offices of Joseph F. Pippen, Jr. & Associates, PL
1920 East Bay Drive
Largo FL 33771

I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

LAW OFFICES OF JOSEPH F. PIPPEN, JR. & ASSOCIATES, PL
by Tim Pratts as Attorney-in-Fact

Date: June 30, 2014.

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