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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

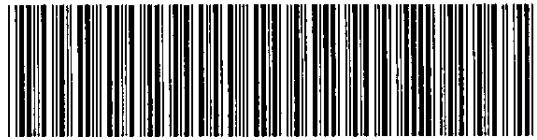
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
MAY 16 2016  
16 MAY -6 AM 11:15  
FOR MESSAGE  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
16 MAY -6 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 06 2016  
T SCHROEDER

CT

May 6, 2016

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9996596 SO  
Customer Reference 1: 888888-8888  
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

Alma Health Choice, LLC (FL)  
Formation  
Florida

Alma Health Choice, LLC (FL)  
Certificate of Status-Domestic  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

**ARTICLES OF ORGANIZATION  
OF  
ALMA HEALTH CHOICE, LLC**

1. Name. The name of this limited liability company is **ALMA Health Choice, LLC** (the "Company"), and it shall be formed as a limited liability company under Chapter 605 of the laws of the State of Florida.

2. Duration. The Company's existence shall be effective as of May 6, 2016 and shall thereafter be perpetual.

3. Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.

4. Place of Principal Office. The mailing and street address of the Company's principal office is 4522 W. Village Drive, Suite 202, Tampa, Florida 33624.

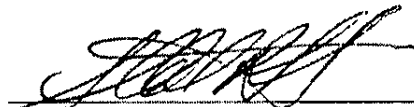
5. Registered Agent and Office. The name of the initial registered agent of the Company is F & L Corp. The street address of the initial registered agent of the Company is One Independent Drive, Suite 1300, Jacksonville, Florida 32202.

6. Management of the Company. The management of the Company shall be vested in the managers of the Company.

7. Operating Agreement. The members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned executed these Articles of Organization on the 6<sup>th</sup> day of May, 2016.

In accordance with Section 605.0203(1)(b), *Florida Statutes*, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



ALBERT P. SILVA

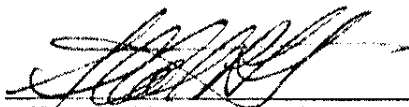
Authorized Representative of Member

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

F & L CORP

By:   
Albert P. Silva, Authorized Person

Dated: May 6, 2016

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TALLAHASSEE, FLORIDA