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(Requestor's Name)

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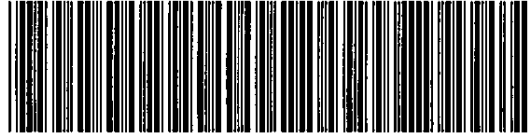
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 23 AM 10:47



611 S Fort Harrison Avenue, Suite 207 Clearwater, Florida 33756
(727) 470-9983
healthcarebenefiteducator@gmail.com

May 13, 2016

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: Healthcare Benefit Educator, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Smallwood
611 S Fort Harrison Avenue, Suite 207
Clearwater, Florida 33756
healthcarebenefiteducator@gmail.com

For further information concerning this matter, please call:

Elizabeth Smallwood (727) 470-9983
Enclosed is a check for the following amount:
\$125.00 filing fee

Regards,


Elizabeth Smallwood

Encl:
Articles of Organization
Filing Fee

ARTICLES OF ORGANIZATION

HEALTHCARE BENEFIT EDUCATOR, LLC

ARTICLE I.

The name of the limited liability company is Healthcare Benefit Educator

ARTICLE II.

The address of the limited liability company's principal office and mailing address is 611 S. Fort Harrison Avenue, Suite 207, Clearwater, Florida 33756.

ARTICLE III.

The name and street address of the registered agent is:

Elizabeth Smallwood
611 S. Fort Harrison Avenue, Suite 207
Clearwater, Florida 33756

ARTICLE IV.

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

Director

Elizabeth Smallwood

ARTICLE V.

The effective date is May 13, 2016

ARTICLE VI.

The purpose of the Limited Liability Company is to engage in healthcare business education, training and process navigation.

Signature:



Typed/Printed:

Elizabeth Smallwood

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any 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.

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