

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

L17000067844  
FILED 8:00 AM  
March 24, 2017  
Sec. Of State  
tscott

**Article I**

The name of the Limited Liability Company is:

ALL HEALTH INSURANCE LLC

**Article II**

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

1897 PALM BEACH LAKES BLVD  
220  
WEST PALM BEACH, . 33409

The mailing address of the Limited Liability Company is:

500 S FEDERAL HIGHWAY  
#1101  
HALLANDALE, FL. 33008

**Article III**

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

LORNA MARTIN  
500 S FEDERAL HIGHWAY  
#1101  
HALLANDALE, FL. 33008

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: LORNA MARTIN

## **Article IV**

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

Title: MGR  
LORNA MARTIN  
500 S FEDERAL HIGHWAY  
HALLANDALE, FL. 33008

Title: AP  
NELLY WOOD  
3206 SITE TO SEE AVE  
EUSTIS, FL. 32726

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Signature of member or an authorized representative

Electronic Signature: LORNA MARTIN

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.