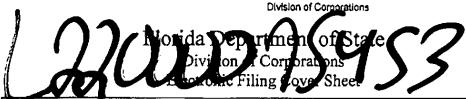
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From:

Account Name : BARNETT, KIRKWOOD, KOCHE, LONG & FOSTER, P.A.

Account Number : 072731001155 Phone : (813)253-2020 Fax Number : (813)251-6711

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. HealthAxis PI LLC

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02-22-22;03:19PM; ;8132516711 # 2/ 4

H22000069296

ARTICLES OF ORGANIZATION OF HEALTHAXIS PI LLC

The undersigned hereby organizes a limited liability company under the provisions of the Florida Revised Limited Liability Company Act, and pursuant to the following Articles of Organization:

ARTICLE 1

Name

The name of this limited liability company is:

(hereafter, the "Company").	HealthAxis PI LLC	я г. (22 FFB 22
	ARTICLE 2 Effective Date		· (한 : 53 (한 : 변 3

The Company shall have perpetual existence, commencing on the date that these Articles of Organization are filed with the Florida Department of State.

ARTICLE 3

Principal Office and Mailing Address

The address of the principal office and the mailing address of the Company is 5509 W Gray Street, Suite 200, Tampa, Florida 33609.

ARTICLE 4

Initial Registered Office and Agent

The street address of the initial registered office of the Company is 601 Bayshore Boulevard, Suite 700, Tampa, Florida 33606, and the name of the initial registered agent of the Company at that address is David L. Koche.

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ARTICLE 5

Management of the Company

The Company is to be managed by one or more managers and is, therefore, a managermanaged limited liability company.

ARTICLE 6

Indemnification

The Company shall indemnify its manager and members to the fullest extent authorized by law.

IN WITNESS WHEREOF, the undersigned authorized representative of the members has executed these Articles of Organization this 22nd day of February, 2022.

DAVID L. KOCHE,

Authorized Representative

02-22-22:03:19PM; ;8132516711 # 4/ 4

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE OF HEALTHAXIS PI LLC

Pursuant to the provisions of Section 605.0113 of the Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is: HealthAxis PILLC
- 2. The name and address of the registered agent and office are:

David L. Koche 601 Bayshore Boulevard, Suite 700 Tampa, Florida 33606

The undersigned, 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, hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accept the obligations of his position as registered agent as provided for in Chapter 605, Florida-Statutes.

Dated the 22nd day of February, 2022.

DAVID L. KOCHE