May 26 2023 5/26/23, 11:42 A

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000193992 3)))

10 3 3727



H230001939923ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

-	_	
п	^	
	u	

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP

Account Number : I20100000009

Phone : (305)599-0839

Fax Number

: (305)592-9591

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

Email Address:

FLORIDA LIMITED LIABILITY CO. INTERACTIVE MEDICAL BENEFITS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION

OF

STORETARY OF STATES TALL AND STATES AND STAT

INTERACTIVE MEDICAL BENEFITS, LLC

The undersigned hereby execute these Articles for the purpose of forming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The undersigned further declares that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company (the "Company").

ARTICLE I: NAME

The name of the Company shall be INTERACTIVE MEDICAL BENEFITS, LLC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the Limited Liability Company shall be 5100 NW 33rd Avenue, Ste 140, Ft. Lauderdale, FL 33064.

ARTICLE III: PURPOSE OF LIMITED LIABILITY COMPANY

This Limited Liability Company may engage or transact in any or all lawful activities or business permitted under Laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mikhail Andreyev 5100 NW 33rd Avenue, Ste 140 Ft Lauderdale, FL 33064

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 as provided for in Chapter 605 F.S.

Registered Agent's Signature

ARTICLE V: Manager(s) or Managing Member(s):

The name and address of managing members/manager are:

(AMBR)
Mikhail Andreyev
5100 NW 33rd Avenue, Ste 140
Ft. Lauderdale, FL 33064

(AMBR)
Jonathan Donato
S100 NW 33rd Avenue, Ste 140
Ft. Lauderdale, FL 33064

The undersigned, being the original member of the Company, hereby certifies that the foregoing constitutes the Articles of INTERACTIVE MEDICAL BENEFITS, LLC.

Executed by the undersigned on May 25, 2023.

! Mitheal Andrews

Signature of a member of an authorized representative of a member