L23000276459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000409862180

2023 JUN -8 PM 1:56

2023 JUN -8 AM 8:26

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 06/08/23

NAME: ICONNECT HEALTH INSURANCE AGENCY LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: iConnect Health Insurance Agency LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Kathleen Gallo
Name of Person

iConnect Health Insurance Agency LLC
Firm Company

1500 NW 62nd st suite 404
Address

Fort Lauderdale, FL 33309
City State and Zip Code

info@iconnecthealthinsurance.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Gallo at 954 - 361-6589
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

$125.00 Filing Fee

$130.00 Filing Fee & Certificate of Status

$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

iConnect Health Insurance Agency LLC

(Must contain the words "Limited Liability Company," "L.L.C." or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
1500 NW 62nd st. suite 404	1100 Park Central Blvds Suite 3400
Fort Lauderdale, FL 33309	Pompano Beach, FL 33064

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kathleen Gallo
Name

1500 NW 62nd st Suite 404
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale FL 33309
City State Zip

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.

Kathleen Gallo
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUL -3 AM 8:27

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

Title:	Name and Address:
"AMBR" - Authorized Member "MGR" - Manager	
MGR	Kathleen Gallo 1500 NW 62nd St Suite 404 Fort Lauderdale, FL 33309

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:

Kathleen Gallo

Signature of a member or an authorized representative of a member.
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.

Kathleen Gallo
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

2023 JUL -8 AM 8:27