

24000129115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

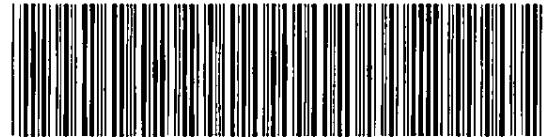
(Business Entity Name)

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MS

**CT CORP**  
**(850) 656-4724**  
**3458 Lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 03/20/2024  
Acc#I20160000072

*an: JDF*

Name:	Health Insurance USA LLC
Document #:	
Order #:	15448602

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>	<input type="checkbox"/>	Country of Destination:	
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Amount: \$ **155.00**

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**Thank you!**

**COVER LETTER**

**TO:** **New Filing Section**  
**Division of Corporations**

**SUBJECT:** Health Insurance USA 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:

Lisa R. Samblanet - Paralegal

Name of Person

Ice Miller LLP

Firm/Company

250 West Street - Suite 700

Address

Columbus, OH 43215

City/State and Zip Code

lisa.samblanet@icemiller.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa R. Samblanet - 614 462-1045  
at () Daytime Telephone Number  
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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Health Insurance USA 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:**

10541 Baracoa Court  
Trinity, FL 34655

**Mailing Address:**

10541 Baracoa Court  
Trinity, FL 34655

**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:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

Florida

33324

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..*

C T Corporation System

By: /s/Laura R. Broderick, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

MGR

**Name and Address:**

Neil Reich  
10541 Baracoa Court  
Trinity, FL 34655

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(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.

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**REQUIRED SIGNATURE:**

DocuSigned by:

Neil Reich

0PP00014051F4DC

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.

Neil Reich

Typed or printed name of signee

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REGISTRATION AND  
SPECIALTY FEE  
SECTION 1

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**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)