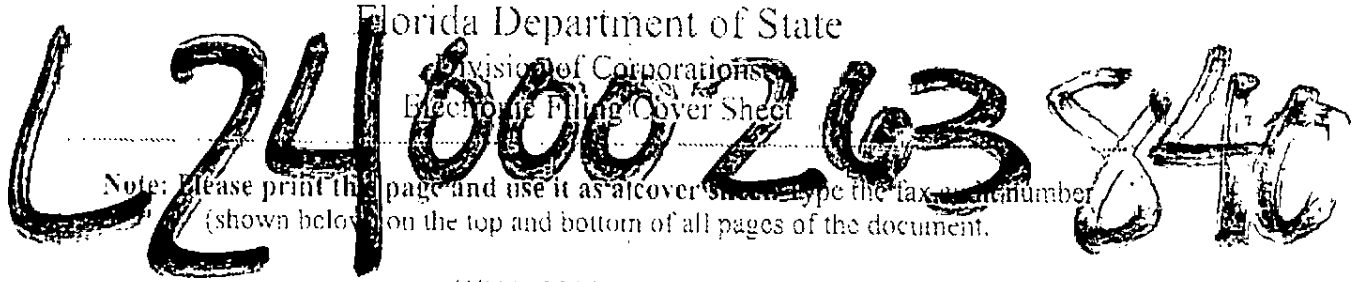


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Division of Corporations



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (954)791-2100
Fax Number : (866)583-4117

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.
Clover Health Solutions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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H24000205677

ARTICLES OF ORGANIZATION

OF

Clover Health Solutions, LLC

ARTICLE I - NAME

The name of this Limited Liability Company is Clover Health Solutions, LLC.

ARTICLE II - DURATION

The period of duration of this Limited Liability Company shall be perpetual from the date of the issuance of a Certificate of Organization from the State of Florida.

ARTICLE III - PRINCIPAL OFFICE / MAILING ADDRESS

The principal place of business shall be:

1427 Wallace Drive
Delray Beach, FL 33444

and the mailing address of this Company is:

1427 Wallace Drive
Delray Beach, FL 33444

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Limited Liability Company is 3732 Northwest 16th Street, Fort Lauderdale, Florida 33311 and the name of the initial Registered Agent of this Limited Liability Company at that address is Filings, Inc. a Florida Corporation.

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ARTICLE V - MANAGEMENT

The management of this Limited Liability Company is reserved to the Members of the Company, in proportion to their contributions to the capital of this Limited Liability Company. The power to adopt, alter, amend or repeal the regulations of this Limited Liability Company shall be vested in the Members of the Company.

The Authorized Member or the Authorized Members as appointed by the Members of this Limited Liability Company shall be authorized to manage and control this Limited Liability Company. Unless earlier reaffirmed, revised, revoked or cancelled by the Members of this Limited Liability Company, this Authority shall be cancelled 5 years from the date of the issuance of a Certificate of Organization from the Secretary of State of the State of Florida.

The name and address of the Authorized Member is:

Kiko Rodriguez
1427 Wallace Drive
Delray Beach, FL 33444

ARTICLE VI - MEMBERS

This Limited Liability Company has one Member whose name and address is:

Kiko Rodriguez
1427 Wallace Drive
Delray Beach, FL 33444

No additional Members shall be admitted unless all Members, (including any additional Members, other than original Members) shall unanimously agree, and on such terms and conditions as shall be agreed unanimously.

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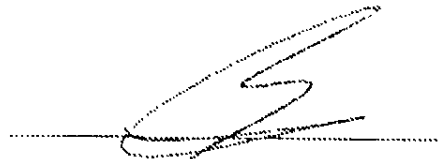
The death, retirement, resignation, expulsion, bankruptcy or dissolution of any Member, or the occurrence of any event which terminates the continued membership of a Member of this Limited Liability Company, shall terminate this Company, unless, the remaining Members shall unanimously agree to continue the business of the Company, in which event, this Company shall not so terminate.

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization on the date of signing.

Dated: June 12, 2024

Filings, Inc.

By Robert Hayden, Vice-President

A handwritten signature in black ink, appearing to be 'R. Hayden', is written over a horizontal dotted line.

Authorized Representative
of a Member

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Certificate designating place of business or domicile for the service of process within Florida, naming agent upon whom process may be served.

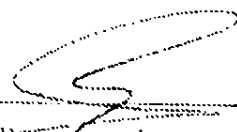
In compliance with section 605.0201, Florida Statutes, the following is submitted:

First that, Clover Health Solutions, LLC desiring to organize or qualify under the law of the State of Florida, has named Filings, Inc., a Florida corporation, located at 3732 Northwest 16th Street, Fort Lauderdale, Florida 33311 as its agent to accept process of service within Florida.

Dated: June 12, 2024

Filings, Inc.

By Robert Hayden, Vice-President



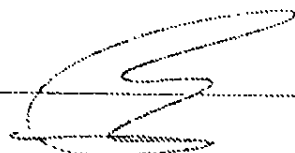
Authorized Representative
of a Member

Having been named to accept process of service for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated: June 12, 2024

Filings, Inc.

By Robert Hayden, Vice-President



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