

L98000002635

MARK ROY
12800 UNIVERSITY DR., SUITE 670
FT. MYERS, FL 33907

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Request taken by: btadlock
10-12-1998

The forms you recently requested from this office are:

- (1) 102. FL LLC

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Name	<i>MR</i>
Availability	<i>MR</i>
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VIATICAL BENEFITS GROUP, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

12800 UNIVERSITY DRIVE, SUITE 670
FT. MYERS, FL. 33907

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

MARK C. ROY
12800 UNIVERSITY DRIVE, SUITE 670
FT. MYERS, FL. 33907

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

N/A

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

N/A

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ARTICLE VI - Members Rights to Continue Business:

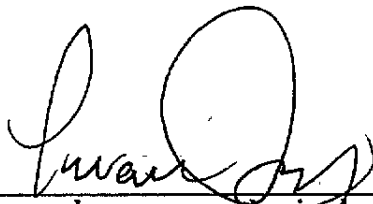
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

N/A

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of VIATICAL BENEFITS
GROUP, L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 5,000⁰⁰;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ N/A;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 5,000⁰⁰.



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARK C. ROY

Typed or printed name of signee

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Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: VIATICAN
BENEFITS GROUP, L.L.C.

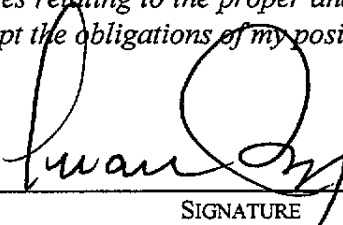
2. The name and the Florida street address of the registered agent are:

MARK C. ROY
NAME

12800 UNIVERSITY DRIVE, SUITE 670
Florida street address (P. O. Box NOT ACCEPTABLE)

FT MYERS FL. 33907
CITY, STATE AND 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.


SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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