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FLORIDA PROFIT CORPORATION OR P.A.

florida health insurance network, inc.

Certificate of Status	0
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305 541 3770 P.02/06 1 of 1

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FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

September 23, 2002

EMPIRE

SUBJECT: FLORIDA HEALTH INSURANCE NETWORK, INC.
REF: W02000027632

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FAX Aud. #: H02000201736
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Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

OF

FLORIDA HEALTH INSURANCE NETWORK, INC.

ARTICLE 1.

The name of this Corporation is:

FLORIDA HEALTH INSURANCE NETWORK, INC.

ARTICLE II.

This Corporation shall exist in perpetuity commencing on the date of execution and acknowledgment of these Articles of Incorporation.

ARTICLE III.

The Corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV.

This Corporation is authorized to issue 100,000 shares of \$.01 par value common stock which shall be designated as "Common Shares."

ARTICLE V.

In the event of any voluntary or involuntary liquidation, dissolution or winding up of this Corporation the assets of the Corporation shall be payable to and distributed ratably among the holders of record of the Common Shares.

ARTICLE VI.
VOTING RIGHTS:

Except as otherwise provided by Law, the entire voting power for the election of Directors and for all other purposes shall be vested exclusively in the holders of the outstanding Common Shares.

Prepared By:
MARK B. GOLDSTEIN, ESQUIRE
MARK B. GOLDSTEIN P.A.
2700 N. MILITARY TRAIL, SUITE 130
BOCA RATON, FL. 33431
(561) 989-8955

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ARTICLE VII
PREEMPTIVE RIGHTS:

Every shareholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VIII

The street address of the initial registered office of this Corporation is: 2700 N. Military Trail, Suite 130, Boca Raton, Florida 33431, and the name of the initial registered agent of this Corporation at that address is: Mark B. Goldstein, and the principal place of business of the corporation is 902 Clint Moore Road, Suite 200, Boca Raton, Florida 33487.

ARTICLE IX

This Corporation shall have one (1) Director initially. The number of Directors may be either increased or diminished from time to time but shall never be less than one (1). The name and address of the initial Director of this Corporation is:

Nicholas Lella
902 Clint Moore Road, Suite 200
Boca Raton, Florida 33487

ARTICLE X

The name and address of the person or entity signing these Articles of Incorporation is:

Mark B. Goldstein
2700 N. Military Trail, Suite 130
Boca Raton, Florida 33431

ARTICLE XI
AMENDMENT:

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendments thereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation 23th day of September 2002.

HEALTH INSURANCE NETWORK, INC.
a Florida corporation

BY: 

MARK B. GOLDSTEIN, Incorporator

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

I HEREBY CERTIFY on this day, before me, an officer duly authorized to administer oaths and to take acknowledgments, personally appeared Mark B. Goldstein, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person; i.e., Florida Drivers License and that an oath was not taken.

WITNESS my hand and official seal, this 23th day of September, 2002, in the County and State aforesaid.



PRINT NAME:

NOTARY PUBLIC, STATE OF FLORIDA

My commission expires:

Commission Angela Warshafski

Commission # 00896172

Expires Jan. 29, 2004

Bonded Thru

Atlantic Bonding Co., Inc.



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN PURSUANCE OF CHAPTER 607.34, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

FIRST THAT HEALTH INSURANCE NETWORK, INC., DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL OFFICE, AS INDICATED IN THE ARTICLES OF INCORPORATION AT 902 CLINT MOORE ROAD, SUITE 200, BOCA RATON, FLORIDA 33487 HAS NAMED MARK B. GOLDSTEIN, LOCATED AT 2700 N. MILITARY TRAIL, SUITE 130, BOCA RATON, FL 33431, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

HEALTH INSURANCE NETWORK, INC.,
a Florida corporation

BY: 
MARK B. GOLDSTEIN, Incorporator

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

BY: 
MARK B. GOLDSTEIN

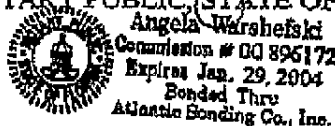
STATE OF FLORIDA)

COUNTY OF PALM BEACH)

I HEREBY CERTIFY on this day, before me, an officer duly authorized to administer oaths and to take acknowledgments, personally appeared Mark B. Goldstein, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person; Florida Drivers License and that an oath was not taken.

WITNESS my hand and official seal, this 23th day of September 2002, in the County and State aforesaid.

PRINT NAME:
NOTARY PUBLIC, STATE OF FLORIDA



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