

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : INCORPORATETIME.COM, INC.

Account Number : I19990000221

Phone : (631) 224-9004

Fax Number

: (631)224-7979

FLORIDA PROFIT CORPORATION OR P.A.

Lowest Cost Health Insurance Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

SECAL STATE TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE | -NAME

THE NAME OF THE CORPORATION SHALL BE:

Lowest Cost Health Insurance Inc.

ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

10396 Sunstream Lane Boca Raton, FL 33428

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have at any one time is:

2,000 shares at \$.01 per value

ARTICLE IV -INITIAL OFFICERS/DIRECTORS:

President/Secretary/Director: Joseph E. Budd 10396 Sunstream Ln, Boca Raton, FL 33428 Vice President/Treasurer/Director: Edwin J. Budd 11409 Coral Bay Dr, Boca Raton, FL 33498

ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Joseph E. Budd 10396 Sunstream Ln, Boca Raton, FL 33428

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ARTICLE VI-INCORPORATOR:

The name and address of the Incorporator to these Articles of Incorporation are:

Kerry Walsh IncorporateTime.com, Inc. 35-37 Carleton Avenue, Suite 200 Islip Terrace, NY 11752

Kerry Walsh, Incorporator

Having been named registered agent and to accept service of process for the above stated corporation as 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.