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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

9/16/2020

Date:

	Acc#I20160000072
Name:	WELLCARE PRESCRIPTION INSURANCE, INC.
Document #:	
Order #:	13212619
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	
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Thank you!

COVER LETTER

Department of S	State		
Division of Corporations			
P.O. Box 6327			
Tallahassee, FL 32314			
SUBJECT:	Redomestication of WellCare Prescription Insurance, Inc.		
Enclosed is an original and one (1) copy of the Articles of Domestication and a check:			
FEES:			
Certificate of Domestication \$ 50.00			
OPTIONAL: Certificate	of Status \$ 8.75		
Cermicate	Φ 0.7 5		
From:			
Name (printed or typed)			
	Address		
City, State & Zip			
	Daytime Telephone Number		
INHS81 (3/20)			

Articles of Domestication Florida Corporation Domesticating to other Jurisdiction The undersigned, Laura Hungiville President (Title) (Name) of WellCare Prescription Insurance, Inc. ______, a Florida corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of Domestication. 1. Then name of the domesticating entity is WellCare Prescription Insurance, Inc. 2. The jurisdiction of its formation is Florida. 3. The name of the domesticated corporation is WellCare Prescription Insurance, Inc. 4. The jurisdiction of formation of the domesticated corporation is Arizona 5. The domesticating entity is a domestic corporation and the plan of domestication was approved in accordance with this chapter. I submit this document and affirm that the facts stated herein are true. I am aware that 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. I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

(Authorized Signature)