## P11000006275/

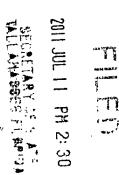
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Special Instructions to F	Filing Officer:	
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## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Your Health Plans Inc							
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)					
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:					
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status					
ADDITIONAL COPY REQUIRED							
FROM: Bruce Goldberg  Name (Printed or typed)							
2950 W Cypress Creek Rd #203  Address							
<u>Fort Lauderdale, Fl 333</u> City,		ZOIL JUL I	a manage				
954-773-2800	elephone number						
			ર ગ ⊃				
E-mail address: (to be used	for future annual report	r notification)					

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the cor	NAME Your Health Plans Inc		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
29	950 W Cypress Creek Rd 203	· <del></del>	
E	ort Lauderdale, Fl 33309		
_			
ARTICLE III I	<del>*************************************</del>		
Professional o	cich the corporation is organized is:		
The number of share			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	s	
	le:Bruce Goldberg-President		:Terry Alvardo-Vice president
Address:	2950 W Cypress Creek Rd 203	_ Address:	7301 NW 18 St #206
	Fort Lauderdale, Fl 33309	_	Margate, Fl 33063
Name and Tit	le:	<ul><li>Name and Title</li></ul>	X
Address:		_ Address:	
		<del>-</del>	
Name and Titl	le:	Name and Title	;
Address:		_ Address:	
		-	
	REGISTERED AGENT	_	
	ida street address (P.O. Box NOT acceptable) of	the registered age	nt is:
Name:	Lisa Hubert	-	
Address:	5520 SW 38th Court	-	
	Davie, Florida 33314	_	The second secon
ARTICLE VII	INCORPORATOR		
	ess of the Incorporator is:		Sandy and
Name:	Gruce Gold Derg	<b>.</b>	
Address:	1950WCUDICOS 1921A FHAIC FC 33309	1.203	P 12
Having been named	l as registered agent to accept service of process	s for the above sta	nted corporation at the place designated in
this certificate, I am	familiar with and accept the appointment as regu	istered agent and i	agree to act in this capacity
	WIX THURST		010130111
. ()	Required Signature/Registered Agent		Date
I submit this docum document to the Dep	nent and affirm that the facts stated herein are partment of State constitutes a third degree felony	true. I am aware v as provided for it	that the false information submitted in a n s.817.155, F.S.
///	///		0.100/1
·/-//	Page 1		00130/11
- //	Required Signature/Incorporator		Date.



RECEIVED

## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2011

BRUCE GOLDBERG 2950 W CYPRESS CREEK ROAD #203 FORT LAUDERDALE, FL 33309

SUBJECT: YOUR HEALTH PLANS INC.

Ref. Number: W11000034451

We have received your document for YOUR HEALTH PLANS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Sharon Collins Regulatory Specialist II New Filing Section

Letter Number: 611A00015484