

P95000007796

RECEIVED

DIVISION OF CORPORATION

DIVISION OF CORPORATION

Page Anderson-McGivern
(Requestor's Name)

1830 Doric Dr
(Address)

Tallahassee FL 32304 (904) 531-0248
(City, State, Zip) (Phone #)

OFFICE USE ONLY

300001371303
-01/06/95--01002--003
*****70.00 *****70.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Sunshine Health Plan
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 1:00 pm

☐ Certified Copy

☒ Mail out ☐ Will wait ☐ Photocopy

☒ Certificate of Status

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995 JAN 30 PM 12:00

FILED

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

W95.393
619,504

1-6

Examiner's Initials

KAN



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 6, 1995

PAGE ANDERSON-MCGIVERN
1830 DORIC DRIVE
TALLAHASSEE, FL 32304

SUBJECT: SUNSHINE HEALTH PLAN, INC.
Ref. Number: W95000000393

We have received your document for SUNSHINE HEALTH PLAN, 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):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The name you are requesting is unavailable, since it has been reserved by another individual. In order to use the name you must obtain their release. When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular corporate name, please call (904) 488-9000.

Please return 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 (904) 487-6915.

Kevin Nickens
Document Specialist

Letter Number: 595A00000642

~~Withhold~~
mail out

ARTICLES OF INCORPORATION
OF
SUNSHINE HEALTH PLAN, INC.
A FLORIDA CORPORATION

FILED
1995 JAN 30 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as Incorporator of a Florida corporation ("Corporation") under the Florida General Corporation Act, Chapter 607 of the Florida Statutes, hereby causes to be delivered the following Articles of Incorporation for such Corporation:

ARTICLE I

NAME

The name of the Corporation is Sunshine Health Plan, Inc.

ARTICLE II

ADDRESS

The mailing address of the Corporation is:

1830 Doric Drive

Tallahassee, Florida 32302

ARTICLE III

COMMENCEMENT OF CORPORATE EXISTENCE

The corporate existence shall begin on the date these Articles of Incorporation are filed with the Department of State.

ARTICLE IV

PURPOSE

The Corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the laws of the State of Florida.

ARTICLE V

CAPITAL STOCK

The Corporation is authorized to issue Seven Thousand Five Hundred (7,500) shares of Common Stock having a par value of One Dollar (\$1.00) per share.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Corporation is 1830 Doric Drive, Tallahassee, Florida 32302. and the name of the initial Registered Agent of the Corporation at that address is Page Anderson-McGivern

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The Corporation shall initially have 2 director(s) to hold office until the first annual meeting of shareholders and (his/her/their) successors shall have been duly elected and qualified, or until (his/her/their) earlier resignation, removal from office or death. The number of directors may be either increased or decreased from time to time in accordance with the Bylaws of the Corporation. The name(s) and addresse(s) of the initial director(s) of the Corporation (is/are) as follows:

<u>Name</u>	<u>Address</u>
Robert McGivern	1830 Doric Dr. Tallahassee, FL 32302
Page Anderson-McGivern	1830 Doric Dr. Tallahassee, FL 32302

ARTICLE VIII

INCORPORATOR

The name and address of the person signing these Articles are as follows:

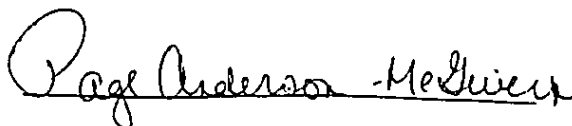
<u>Name</u>	<u>Address</u>
Page Anderson-McGivern	1830 Doric Drive Tallahassee, Florida 32302

ARTICLE IX

AMENDMENTS

The power to amend these Articles of Incorporation in accordance with law is reserved to the shareholders. Any right conferred upon any shareholder by these Articles of Incorporation is subject to this reservation.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 5 day of January, 1995.


Incorporator

STATE OF FLORIDA
COUNTY OF LEON

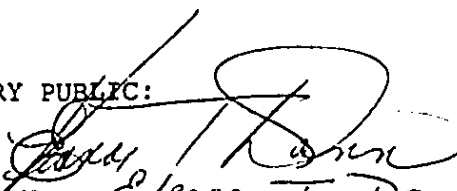
Ss:

FILED
1995 JAN 30 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sworn to and subscribed before me this 5 day of January,
1995, by Page Anderson-McGivern

(☒) Personally known to me; or
() Produced Identification; Type of Identification
produced _____.

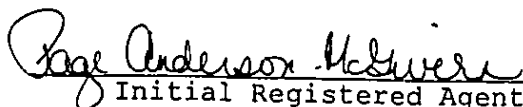
NOTARY PUBLIC:

Sign: 
Print Name: Eleanor T. Dann
Commission No.: CC 183954
My Commission Expires: 3/19/96.

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

I hereby accept the appointment as the initial Registered Agent of Sunshine Health Plan, Inc., as made in the foregoing Articles of Incorporation, and agree to act in such 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 the initial Registered Agent of Sunshine Health Plan, Inc.

Date: 1-5-95


Initial Registered Agent