

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L24000440713  
FILED 8:00 AM  
October 15, 2024  
Sec. Of State  
jafason

**Article I**

The name of the Limited Liability Company is:  
USA HEALTH INSURANCE SOLUTIONS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
920 NW 49TH AVE  
COCONUT CREEK, FL. 33063

The mailing address of the Limited Liability Company is:  
920 NW 49TH AVE  
COCONUT CREEK, FL. 33063

**Article III**

The name and Florida street address of the registered agent is:  
STEPHANIE C ORTIZ  
5379 LYONS RD  
1649  
COCONUT CREEK FL, FL. 33073

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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.

Registered Agent Signature: STEPHANIE ORTIZ

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
FRANTZ JACQUES  
920 NW 49TH AVE  
COCONUT CREEK, FL. 33063

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### **Article V**

The effective date for this Limited Liability Company shall be:

10/20/2024

Signature of member or an authorized representative

Electronic Signature: STEPHANIE ORTIZ

I am the member or authorized representative submitting these Articles of Organization 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 understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.