

State of Idaho

Office of the Secretary of State

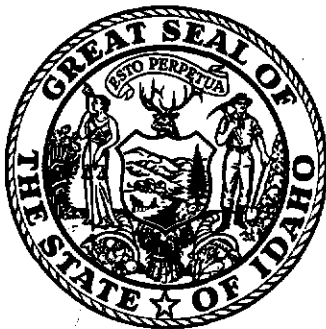
**CERTIFICATE OF AUTHORITY
OF
HEALTH PLAN INTERMEDIARIES, LLC**

File Number W 115420

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Uniform Limited Liability Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: July 9, 2012



Ben Yursa

SECRETARY OF STATE

By

Linda Corbus



APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2012 JUL -9 AM 9:50

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Health Plan Intermediaries, LLC

2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:

3. The jurisdiction under whose laws the limited liability company is formed is: Florida

4. The name and complete street address of the registered agent in Idaho is:

National Registered Agents, Inc. 1423 Tyrell Lane, Boise, ID 83706

5. The street and mailing address of the limited liability company's principal office is:

15438 N. Florida Avenue, #201, Tampa, FL 33613

Street Address

218 E. Bearss Avenue, #325, Tampa, FL 33613

Mailing Address, if different

6. The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

15438 N. Florida Avenue, #201, Tampa, FL 33613

Street Address

218 E. Bearss Avenue, #325, Tampa, FL 33613

Mailing Address, if different

7. The name and mailing address of at least one member or manager:

Michael W. Kosloske

15438 N. Florida Avenue, #201, Tampa, FL 33613

8. The mailing address for future correspondence:

218 E. Bearss Avenue, #325, Tampa, FL 33613

9. Signature of a manager, member or authorized person.

Signature

Michael Kosloske


Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
07/09/2012 05:00
CK: 487301 CT: 35774 BH: 1331224
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W115420

State of Florida



Department of State

I certify from the records of this office that HEALTH PLAN INTERMEDIARIES, LLC, is a limited liability company organized under the laws of the State of Florida, filed on April 1, 2003.

The document number of this company is L03000011679.

I further certify that said company has paid all fees due this office through December 31, 2012, that its most recent annual report was filed on January 4, 2012, and its status is active.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Fifteenth day of June, 2012



CR2EO22 (1-11)

Ken Detzner
Ken Detzner
Secretary of State