

2536 Countryside Blvd. • Sixth Floor Clearwater, Florida 33763 (727) 726-0726

KHaikara@amerilife.net

20003392392--9 -09/13/00--01101--004 ****155,00 ****155,00

September 13, 2000

Department of State Division of Corporations 409 East Gaines Street Tallahassee FL 32399

RE: Ameri-Life & Health Services of Charlotte County, L.L.C.

Dear Sir/Madam,

Enclosed please find a check in the amount of \$155.00; such sum representing the fee for filing (\$100.00), Designation of Registered Agent (\$25.00), and a certified copy of the Certificate of Authority (\$30.00) for Ameri-Life & Health Services of Charlotte County, L.L.C.

Thank you for your anticipated cooperation.

Very truly yours,

Kimberly J. Haikara, Esquire

DO SEP 13 AM 9: 37
SECRETARY OF STATE

9/18

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| IN COMPLIANCE WITH SECONDARY TO TRANSACT BUSINESS IN THE STATE OF FLOI LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLOI | RIDA: | |
|---|--|--|
| Tric. & Health Services of Charlotte County, L.L.C. | The second secon | |
| 1. Ameri-Life & Hearth Services of (Name of foreign limited liability co | ompany) | |
| 3 59- | -3665463 | |
| 2. Delaware (Jurisdiction under the law of which foreign limited liability 3. | (FEI number, if applicable) | |
| company is organized) | | |
| Day | rpetual | |
| 4. August 17, 2000 (Duration: 7 (Duration: 7 exist or "pel | Year limited liability company will cease to | |
| (Date of Organization) exist or "per | mpetitat) | |
| 6 October 1, 2000 | | |
| 6. October 1, 2000 (Date first transacted business in Florida. (See sections 608.50 | 1, 608.502, and 817.155, F.S.) | |
| | | |
| 7. 4017 S. Tamiami Trail | TERROR CONTROL TO THE CONTROL THE CONTROL TO THE CONTROL TO THE CONTROL TO THE CONTROL TO THE CO | |
| D Cl - vlatta ET 23952 | | |
| Port Charlotte FL 33952 (Street address of principal offi | ice) | |
| | | |
| 8. If limited liability company is a manager-managed company, ch | eck here 🛛 FS 8 | |
| | | |
| 9. The usual business addresses of the managing members or man | agerstate as follows. | |
| · | SAR J | |
| American Insurance Administrators, Inc. | 10 ≥ U | |
| Divid 6th Floor | S S S S S S S S S S S S S S S S S S S | |
| 2536 Countryside Blvd. 6th Floor | | |
| Clearwater FL 33763 | | |
| Clearwater FD 33703 | | |
| · | | |
| | m : 11 - in anytody of mounts in | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly | authenticated by the official naving custody of receives in | |
| distribution under the last of which it is of wall and (A proceedy is not used) | able. If the centificate is tha foleign language, a | |
| translation of the certificate under oath of the translator must be submitted.) | | |
| | in Florida: | |
| 11. Nature of business or purposes to be conducted or promoted | III Fiorida. | |
| Insurance Sales & Admir | | |
| mstrance bares of | | |
| of a dia o . Histor | ual | |
| Signature of a member or an authorized representative of a member. | | |
| | | |
| an affirmation under the penalties of perjury that the lacts dated assessment | | |
| Kimberly J. Haiki | ara | |
| Typed or printed name of s | rignee | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| | • |
|----------------|--------------------------------|
| | |
| <u></u> | · |
| | |
| , | |
| | ر المنظمين والمنظمين |
| H ₀ | |
| | SECTETARY OF STALL AHASSEE, FL |

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 as provided for in Chapter 608, F.S..

Limbredy Hu: Kara

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of Delaware Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERI-LIFE AND HEALTH SERVICES OF CHARLOTTE COUNTY, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF SEPTEMBER, A.D. 2000.

OO SEP 13 AM 9: 37
SECRETARY OF STATE
AND AND SEFE. FLORIDA



Edward J. Freel, Secretary of State

AUTHENTICATION: 0663011

DATE: 09-07-00

3276001 8300

001448307