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-09/13/00--01101--009
****155.00 ****155.00

RE: Ameri-Life & Health Services of the Gulfcoast, L.L.C.

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 the Gulfcoast, L.L.C.

Very truly yours,

Kimberly J. Haikara, Esquire

FILED
00 SEP 13 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mtu
9/18

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Ameri-Life & Health Services of the Gulfcoast, L.L.C.
(Name of foreign limited liability company)

2. Delaware 3. 59-3665452
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 17, 2000 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. October 1, 2000
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 4960 Fruitville Road
Sarasota FL 34232
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The usual business addresses of the managing members or managers are as follows:

American Insurance Administrators, Inc.
2536 Countryside Blvd. 6th Floor
Clearwater FL 33763

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TALLAHASSEE, FLORIDA

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Insurance Sales & Administration

Kimberly J. Haikara
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kimberly J. Haikara
Typed or printed name of signee

**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.

1. The name of the Limited Liability Company is:

Ameri-Life & Health Services of the Gulfcoast, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Kimberly J. Haikara

(Name)

2536 Countryside Blvd, Sixth Floor

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Clearwater FL 33763

City/State/Zip

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TALLAHASSEE, FLORIDA

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..

Kimberly J. Haikara
(Signature)

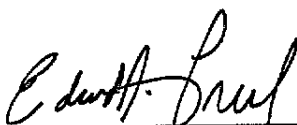
\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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 THE GULFCOAST, 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.

FILED
00 SEP 13 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Edward J. Freel, Secretary of State

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AUTHENTICATION: 0661951

001448239

DATE: 09-07-00