

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

September 13, 2000

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

500003392415--5 -09/13/00--01101--022 ****155.00 ****155.00

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

Thank you for your anticipated cooperation.

Very truly yours,

Emberly J. Haikara, Esquire

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SECRETARY OF STATE
TAIL AHASSEE FLORIDA

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APPLICAȚION 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:

٠	Ameri-Life & Health Services of Holiday, L.L.C. (Name of foreign limited liability company)
	(Name of foreign firmled flaority company)
	Delaware 3. 59-3665212
	furisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)
	August 17, 2000 5. Perpetual
-	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
	October 1, 2000
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
	2246 U.S. Hwy 19, Mt. Vernon Plaza
	Holiday FL 34691
	(Street address of principal office)
	If limited liability company is a manager-managed company, check here
•	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
	Clearwater 1 L 33703
	ŞT F
ej	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recorgurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a salation of the certificate under oath of the translator must be submitted.)
ι.	Nature of business or purposes to be conducted or promoted in Florida:
_	Insurance Sales & Adminstration
	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

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 Holiday, 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	8	
	Florida street address (P.O. Box NOT ACCEPTABLE)	SEP.	7]
	Clearwater FL 33763	ಪ	
	City/State/Zip FLOF STA	1	Ū
H_{ℓ}	aving been named as registered agent and to accept service of process for the above state	ed Im	iited

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

Kimbely Huikara

\$ 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 HOLIDAY, 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 SIXTH DAY OF SEPTEMBER, A.D. 2000.

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SECRETARY OF STATE

Edward J. Freel, Secretary of State

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AUTHENTICATION: 0659223

DATE: 09-06-00