Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000070870 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

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**Enter the email address for this business entity to be used for Zuturen annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company Inforce Solutions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	Inforce Solutions, LLC				
Name of Limited Liability Company					
The enclosed "Application by Foreign Limited Liebility Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.					
Please r	eturn all correspondence concerning this matter to the following:				
•					
	Name of Person				
	Firm/Company				
	•				
	Address				
	City/State and Zip Code				
	tracy.hardy@allianzlife.com				
	E-mail address: (to be used for future annual report notification)				
Por furt	her information concerning this matter, please call;				
	Name of Contact Person Area Code Daytime Telephone Number				
	MAILING ADDRESS: STREET ADDRESS:				
Division of Corporations Division of Corporations					
	Registration Section Registration Section				
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				
Padas	ad in a charle for the following amounts				
ERCIOS	ed is a check for the following amount: \$\Begin{align*} \Boxed{1} \\$125.00 \text{ Filing Fee} & \Boxed{1} \\$160.00 \text{ Filing Fee}, Certificate \\ \text{Certificate of Status} \text{Certified Copy} \text{of Status & Certified Copy} \$\$ \Boxed{1} \\$160.00 \text{Filing Fee}, Certified Copy}\$\$				

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

1. Inforce Solutions, LLC (Name of Foreign Limited Liability Company; must include "I	Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transact	cing business in Florids. The alternate name must include "Limited
Liability Company," "LL.C," or "LLC.")	
2. Georgia (Jurisdiction under the law of which foreign limited liability company is organized) 3. 3	38-3926689 (PBI number, if applicable)
4 upon filing	
(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S.	da (Cneine to registration)
5. 300 Parkbrooke Place, Suite 220	· · · · · · · · · · · · · · · · · · ·
Woodstock, GA 30189	
6. 300 Parkbrooke Place, Suite 220	rincipal Office)
Woodstock, GA 30189	
(Malling Ad	idress)
7. The name, title or capacity and address of the person(s	s) who has/have authority to manage is/are:
SEE ATTACHMENT	
·	
· · · · · · · · · · · · · · · · · · ·	
8. 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	v of which it is organized. (A photocopy is not
having custody of records in the jurisdiction under the law acceptable. If the certificate is in a foreign language, a trar	v of which it is organized. (A photocopy is not
8. Attached is an original certificate of existence, no more having custody of records in the jurisdiction under the law acceptable. If the certificate is in a foreign language, a trar must be submitted)	v of which it is organized. (A photocopy is not
having custody of records in the jurisdiction under the law acceptable. If the certificate is in a foreign language, a trar	v of which it is organized. (A photocopy is not inslation of the certificate under eath of the translator thorized person as a affirmation under the negatives of periory that the facts stated bersin are true.

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is: Inforce Solutions, LLC				
If unavailabl	le, the alternate to be used in	n the state of Florida is:		
2. The name	e and the Florida street addr	ess of the registered agent and office are:	······································	
	CT Corporation System			
	(Name)			
	1200 South F	Pine Island Road		
	Fiorida Street Address (P.O. Box NOT ACCEPTABLE)			
	Plantațion	FL 33324		
	City/State/Zip			

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 605, Florida Statutes.

(Signature)

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

Kristin Bolden
Assistant Secretary

ATTACHMENT:

INFORCE SOLUTIONS, LLC

Principal Office:

300 Parkbrooke Place, Sulte 300

Woodstock, GA 30189

Principal Activity:

Marketing and selling financial planning services and products,

including life, health and long-term care insurance and annuities

Shareholder (Sole Member)

Alianz individual insurance Group, LLC, a Minnesota LLC - 100%

5701 Golden Hills Drive

Minneapolis, MN 55416

State/Date of incorporation:

Georgia - March 5, 2014

BOARD OF GOVERNORS / MANAGERS:

Brian Peterson

- 300 Parkbrooks Place, Suite 300, Moodstock, GA 30189

Anthony Thomas

- 300 Parkbrooks Place, Suite 300, Woodstock, GA 30189

Greg A. Spaeth

- 300 Parkbrooke Place, Suite 300, Hoodstook, GA 30189

OFFICERS

TITLE

Brian Peterson Greg A. Spaeth Chief Executive Officer and Chief Manager - 100 Parkbrooks Place, Suite 300, Moodatock, On 20183

President . 356 Perkhrocks Place, Suite 350, Mondatock, GA 19189

Marc B. Olson

Chief Financial Officer and Tressurer - 300 Parkbaceks Place, Sults 300, Hoodstock, Ch. 30189

Vice President - 100 Parkaroske Place, Suito 300, Moodeteck, GA 30169

Anthony Thomas

ASSISTERN SECRETERY - 100 Parkbrooks Place, Suite 100, Woodstock, GA 10100

Tracy M. Hardy

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 14023733

DATE INC/AUTH/FILED : March 06, 2014

JURISDICTION : Georgia

PRINT DATE : March 21, 2014

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

INFORCE SOLUTIONS, LLC
A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Brian P. Kemp Secretary of State

Tracking #: FZfclRXy