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(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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EXAMINE

SECRETARY BE STATE.



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 21, 2010

SHARON OWENS 2536 COUNTRYSIDE BLVD., SUITE 501 CLEARWATER, FL 33763

SUBJECT: ALH ADMINISTRATIVE SERVICES, LLC

Ref. Number: W10000044221

We have received your document for ALH ADMINISTRATIVE SERVICES, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 110A00022437

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COVER LETTER

TO:

Registration Section
Division of Corporations

	·				
SUBJECT	. ALH Admi	inistrative Services, LLC			
SODJECT	Name of Limited Liability Company				
	•				
		bility Company for Authorization to Transact Business in above referenced foreign limited liability company to trans			
Please retu	n all correspondence concerning this m	atter to the following:			
		Sharon A Owens			
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	•	•			
		AIA			
		Firm/Company			
	_				
	2536	Countryside Blvd. Suite 501			
2536 Countryside Blvd, Suite 501 Address					
		Address			
		Clearwater, FL 33763	•		
City/State and Zip Code					
		City/State and Elp Code			
sowens@aiasvcs.com					
		to be used for future annual report notification)			
r c 1		,			
For further	information concerning this matter, plea	ise call:			
		,	F(0 P)		
	Sharon A Owens	at (727) 216-0859	产品 图		
	Name of Person	`Area Code & Daytime Telephone Number	MH OCT -1		
M	A II DIC ADDDECC.	ernrer induces.	De Sid		
	AILING ADDRESS: vision of Corporations	STREET ADDRESS: Division of Corporations	SS - 1		
	gistration Section	Registration Section	m _{c3} -n [1]		
	D. Box 6327	Clifton Building	7 TK 17 TK		
	llahassee, FL 32314	2661 Executive Center Circle	- S. S		
	nana3500, 1 15 525 17	Tallahassee, FL 32301			
	,	- 	> (a)		
Enclosed	is a check for the following amou	int:			
\checkmark	\$125.00 Filing Fee \$130.00 Filing Certificate o		g Fee, Certificate & Certified Copy		

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ALH Administrative Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 04/16/2009 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 2536 Countryside Blvd., Suite 501, Clearwater, Florida 33763 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: AL Amerilife, LLC 2536 Countryside Blvd., Suite 501, Clearwater, FL 33763 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having Eustody officeords 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: administrative services 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.)

Timothy O North

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 Liabil	ity Company is:	
ALH /	Administrative Services, LLC	<u> </u>
If unavailable, the alternate to be u	sed in the state of Florida is:	•
2. The name and the Florida street	address of the registered agent and office are:	
	James Rowe, Esq.	
	(Name)	
25	36 Countryside Blvd., Suite 501	
	Street Address (P.O. Box NOT ACCEPTABLE)	
•	•	
	Clearwater, FL 33763	70 S
	City/State/Zip	
•		
	gent and to accept service of process for the above sta	
	nated in this certificate, I hereby accept the appointme	
	ty. I further agree to comply with the provisions of a verformance of my duties, and I am familiar with and	
obligations of my position of register	red agent as provided for in Chapter 608, Florida Sta	itutes III.
		7
(Clastone -		•
(Signature)		•
		•
	5 100.00 Filing Fee for Application	
	S 25.00 Designation of Registered Agent	•
5	13 (1	•
9	5 5.00 Certificate of Status (optional)	•

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALH ADMINISTRATIVE SERVICES, LLC" 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 TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2010.

4677131 8300

100951399

Jeffrey W. Bullock, Secretary of State AUTHENTACATION: 8259345

DATE: 09-29-10

You may verify this certificate online at corp.delaware.gov/authver.shtml