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(Requestor's Name)				
(Address)				
(Address)				
(City	//State/Zip/Phone	· #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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115 N CALHOUN ST., STE. 4 FALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date:June 23, 2021	Accounts: 12000000000
Name: David Shulman	
Reference #:	
Entity Name:AMERICAN LIFE	& SECURITY CORP.
Articles of Incorporation/Authorization to	Transact Business
Amendment	
☐ Change of Agent	ISSUES? CALL
Reinstatement	David:
☐ Conversion	850-270-0082
☐ Merger	ne filing evidence. Thanks!
☐ Dissolution/Withdrawal	23
☐ Fictitious Name	
Other Certified copy of the	ne filing evidence. Thanks!)
Authorized Amount: \$78.75	
David Shalman Signature:	

+1,212,947,7200

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. American Life & (Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATI	ON,"
(If name unavails	ble in Florida, enter alternate corporate name a	dopted for the purpose of transac	ting business in Florida)
2. Nebraska	3.	86-0176254	
	under the law of which it is incorporated)	(FEI number, if	applicable)
4. 6/14/1	6 5	N/A	
(Date	of incorporation) 5.	(Date of duration, if oth	er than perpetual)
6			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		bility)
, 2900 South 70th 5	Street, Suite 400, Lincoln, NE 68506		• •
/	(Principal offic	e street address)	
·			
	(Current mailing	g address, if different)	
		D 11077	~2
8. Name and stree	t address of Florida registered agent: (P.O	. Box NOT acceptable)	1021 JUN 23
Name:	COGENCY GLOBAL INC.		
Office Address:	115 N CALHOUN ST., SUITE 4	_	23
;	TALLAHASSEE, FL		
	(City)	(Zip code)	- N
9. Registered age	ent's accentance		7.1:43
Having been nam	ed as registered agent and to accept service	e of process for the above sta	ited corporation at the place
designated in this	application, I hereby accept the appointm	ent as registered agent and a	gree to act in this capacity
juriner agree 10 Ci and I am familiar	omply with the provisions of all statutes re with and accept the obligations of my pos	rative to the proper and comp ition as revistered agent.	nete perjormunce of my w

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

DocuSign Envelope ID: EE40ED64-11DF-43AF-9F63-C6E2A3C77803

Chairman	Name:	☐ Chairman	Name: Michael Minnich		
□Vice Chairman	2900 South 70th Street	□ Vice Chairman	2900 South 70th Street		
Director	Suite 400, Lincoln, NE 68506	Director	Suite 400, Lincoln, NE 68506		
□President		■ President			
□Vice President		□Vice President			
☐ Secretary	Treasurer	Secretary	□Treasurer		
□Other	Other	Other	Other		
□ Chairman □ Vice Chairman ■ Director □ President	Name:	□Chairman □Vice Chairman ■Director □President	Name: Douglas Bratton Address: 201 Main St. #1900 Fort Worth, TX 76102		
■Vice President		□Vice President			
≅ Secretary	□Treasurer	□Secretary	Treasurer		
Other	Other	Other			
□ Chairman □ Vice Chairman □ Director □ President □ Vice President □ Secretary	Name: John (Jack) Theeler Address: 1718 No Sanborn Blvd. Mitchell, SD 57301	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary	Name: 2900 South 70th Stroet Address: Suite 400, Lincoln NÉ 68506		
Other	Other	□Other	Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer					

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Todd Boeve, Director and Vice President & Secretary

STATE OF NEBRASKA

United States of America, State of Nebraska } ss.

Secretary of State State Capitol Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the State of Nebraska, do hereby certify that

AMERICAN LIFE & SECURITY CORP.

incorporated on June 14, 2016 and is duly incorporated under the law of Nebraska;

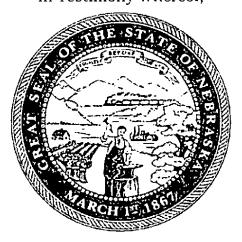
that no occupation taxes due from and assessable against the Corporation are unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by the Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

June 23, 2021

When Sover

Secretary of State