

1103000002059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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J. BRYAN JUN 25 2003

**HEATHER L. NORTH**

Attorney at Law  
2536 Countryside Blvd. • Sixth Floor  
Clearwater, Florida 33763  
(727) 726-0726

June 13, 2003

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

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TALLAHASSEE, FLORIDA

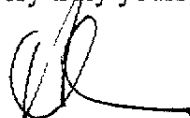
RE: Ameri-Life & Health Services of Cape Coral, L.L.C.

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 Cape Coral, L.L.C.

Thank you for your anticipated corporation.

Very truly yours,



Heather L. North, Esq.

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:

1. AMERI-LIFE + HEALTH SERVICES OF CAPE CORAL LLC  
(Name of foreign limited liability company)

2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. 42-1591049  
(FEI number, if applicable)

4. 05-27-03  
(Date of Organization)

5. PERPETUAL  
(Duration: Year limited liability company will cease to  
exist or "perpetual")

6. 07-01-03  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 2536 COUNTRYSIDE BLVD. 6TH FLOOR  
CLEARWATER FL 33763  
(Street address of principal office)

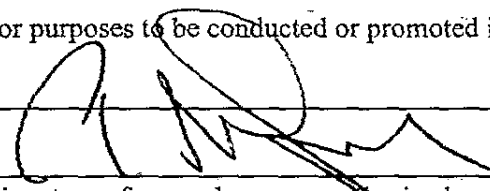
8. If limited liability company is a manager-managed company, check here ☒

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

CHRISTOPHER YORK, 2536 COUNTRYSIDE BLVD 6TH FLR  
CLEARWATER FL 33763

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

  
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.)

CHRISTOPHER YORK

Typed or printed name of signee

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**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 CAPE CORAL LLC.

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

HEATHER L NORTH

(Name)

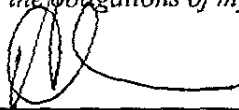
2536 COUNTRYSIDE BLVD 6TH FLOOR

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

CLEARWATER FL 33763

(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 608, F.S.



(Signature)

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

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AMERI- LIFE CORPORATION  
TALLAHASSEE, FLORIDA

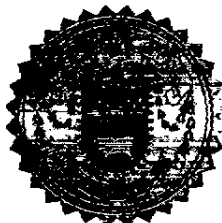
# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "AMERI-LIFE AND HEALTH SERVICES OF CAPE CORAL, L.L.C.", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2003, AT 8:30 O'CLOCK A.M.

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2447133

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DATE: 06-02-03