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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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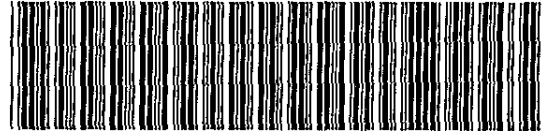
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL 21 2003



2536 Countryside Boulevard ♦ Sixth Floor ♦ P.O. Box 15059
Clearwater, FL 33766-5059
(727) 726-0726 ♦ Fax (727) 726-0161

July 16, 2003

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

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2003 JUL 17 AM 10:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE: Ameri-Life & Health Services of Pensacola, 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 Agency (\$25.00), and a certified copy of the Certificate of Authority (\$30.00) for Ameri-Life & Health Services of Pensacola, L.L.C.

Thank you for your assistance.

Sincerely,


Robert H. Shatanoff

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Ameri-Life & Health Services of PENSACOLA, LLC.
(Name of foreign limited liability company)
2. DELAWARE 3. 20-0087181
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 07-09-03 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 08-01-03
(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 ☒

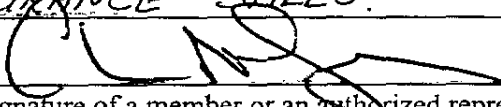
9. The name and usual business addresses of the managing members or managers are as follows:

CHRISTOPHER YORK, 2536 COUNTRYSIDE BLVD 6TH FL
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

**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 PENSACOLA, LLC.

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

ROBERT H. SHATANOFF.

(Name)

2536 COUNTRYSIDE BLVD 6TH FL

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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TALLAHASSEE, FLORIDA

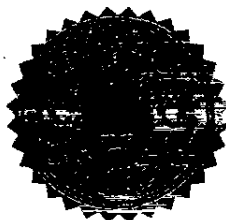
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERI-LIFE & HEALTH SERVICES OF PENSACOLA, 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 NINTH DAY OF JULY, A.D. 2003.

FILED
2003 JUL 17 AM 10:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3676209 8300

AUTHENTICATION: 2519713

030432346

DATE: 07-09-03