

M05000006005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

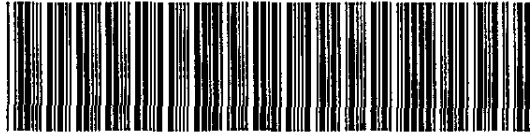
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/24/05--01048--013 \*\*125.00

10 OCT 24 P 12:06  
FILING OFFICE  
TALLAHASSEE, FL

Allianz Life Insurance Company of North America



MELISSA O'DONNELL  
Principal Paralegal  
Corporate Legal  
5701 Golden Hills Drive  
Minneapolis, MN 55416-1297

Telephone: 763-765-6692  
Telefax: 763-765-6355

melissa\_odonnell@allianzlife.com

October 18, 2005

Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Certificate of Authority Application – Foreign Limited Liability Company**

Dear Sir or Madam:

Enclosed for filing please find the Certificate of Authority Application for GamePlan Financial Marketing, LLC. Also enclosed is our check in the amount of \$125.

If you have any questions or concerns about this filing, please feel free to contact me at 763/765-6692.  
Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Melissa O'Donnell".

Melissa O'Donnell

Enclosures

2005 OCT 24 P 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. GamePlan Financial Marketing, LLC  
(Name of Foreign Limited Liability Company)

2. Georgia 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5/20/2002 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 300 Park Brooke Place, Suite 200  
Woodstock, GA 30189  
(Street Address of Principal Office)

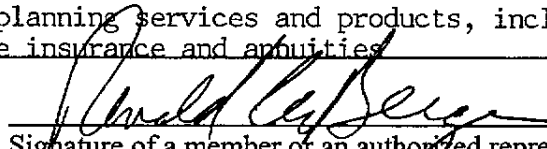
8. If limited liability company is a manager-managed company, check here ☒

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

See Attached List  
\_\_\_\_\_  
\_\_\_\_\_

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: Marketing and selling  
of financial planning services and products, including life, health and  
long-term care insurance and annuities

  
\_\_\_\_\_  
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.)

Ronald L. Berger  
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:

GamePlan Financial Marketing, LLC

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

CT Corporation System

(Name)

1200 S. Pine Island Road

Florida Street Address (P.O. Box: **NOT** ACCEPTABLE)

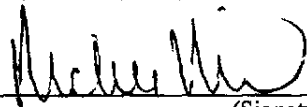
Plantation

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 608, Florida Statutes.*



(Signature)

**Michele Miller**  
**Assistant Secretary**

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

**MANAGERS OF GAMEPLAN FINANCIAL MARKETING, LLC**

John A. Amann  
5701 Golden Hills Drive  
Minneapolis, MN 55416

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TALLAHASSEE FLORIDA  
JAN 21 12:06

# Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0226992  
DATE INC/AUTH/FILED: 05/20/2002  
JURISDICTION : GEORGIA  
PRINT DATE : 10/07/2005  
FORM NUMBER : 211

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA  
MELISSA O'DONNELL  
5701 GOLDEN HILLS DRIVE  
MINNEAPOLIS, MN 55416

## CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

GAMEPLAN FINANCIAL MARKETING, LLC  
A GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20051007161116439



*Cathy Cox*

Cathy Cox  
Secretary of State