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SECRETARY OF STATE

J. BRYAN
MAY -5 2009
EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: AMERICAN EQUITY RISK SERVICE	S, LLC				
(Name of Limited Liability (Company)				
The enclosed "Application by Foreign Limited Liability Compar Florida," Certificate of Existence, and check are submitted to reg liability company to transact business in Florida					
Please return all correspondence concerning this matter to the following	llowing:				
CAMILLA DAVIS					
(Name of Person)					
AMERICAN EQUITY RISK SERVICES, LLC 学祭 3					
(Firm/Company)					
AMERICAN EQUITY RISK SERVICES, LLC (Firm/Company) 1625 WEST CAUSEWAY APPROACH (Address)					
(Address)					
MANDEVILLE, LOUISIANA 70471	DRIDATE ATE				
(City/State and Zip Code)					
For further information concerning this matter, please call:					
CAMILLA DAVIS at (985	624-8383				
(Name of Person) (Area Co	ode & Daytime Telephone Number)				
P.O. Box 6327 Clifton Build	Corporations ding tive Center Circle				
Enclosed is a check for the following amount: []\$125.00 Filing Fee \$130.00 Filing Fee & []\$155.00 Filing Fee & []\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy Cer					

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. AMERICAN EQUITY RISK SERVICES	S, LLC
(Name of Foreign Limited Liability Company; must inclu-	de "Limited Liability Company," "L.L.C.," or "LLC.")
	se of transacting business in Florida and attach a copy of the written mate name. The alternate name must include "Limited Liability
2. LOUISIANA (Jurisdiction under the law of which foreign limited liability company is organized) 3	(FEI number, if applicable)
4. MAY 28, 2008 (Date of Organization) 5	PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A	The second secon
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
7. 1625 WEST CAUSEWAY APPROAC	H STA
MANDEVILLE, LA 70471	FLEST
(Street Address of	of Principal Office)
8. If limited liability company is a manager-managed	company, check here 🗸
9. The name and usual business addresses of the mana	aging members or managers are as follows:
1625 WEST CAUSEWAY APPROAC	:H
MANDEVILLE, LA 70471	
Soe affached	
10. Attached is an original certificate of existence, no more than 90 d the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	• • • • • • • • • • • • • • • • • • • •
11. Nature of business or purposes to be conducted or	promoted in Florida: INSURANCE SERVICES
Jan LOB	
	thorized representative of a member. S., the execution of this document constitutes we that the facts stated herein are true.)

Typed or printed name of signee

LOUIS R. DUBUC

American Equity Risk Services, Inc.

Managers/ Directors

of Manging Member

Michael L. Lapeyrouse (Chairman) RSA Battle House Tower, 32nd Floor 11 North Water Street Mobile, AL 36602 (251) 690-4230

Michael Adams RSA Battle House Tower, 32nd Floor 11 North Water Street Mobile, AL 36602 (251) 690-4230 Daniel J. Clark 1625 W. Causeway Approach Mandeville, LA 70471 (985) 624-8383

M. Todd Richard 1625 W. Causeway Approach Mandeville, LA 70471 (985) 624-8383



Corporate Officers

Daniel J. Clark, President Louis R. DuBuc, Secretary Michael Adams, Treasurer

Stockholders

% of Ownership

F. A. Richard & Associates, Inc. American Equity Underwriters, Inc. 51.00 <u>49.00</u> 100.00%

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	e Limited Liability Co	ompany is:		
AMERICAN E	EQUITY RISK SE	ERVICES, LLC		
If name unavailable	le, the alternate name t	to be used in the star	e of Florida is:	
2. The name and t	the Florida street addre	ess of the registered	agent and office are:	O9 HAY
<u>c</u>	T CORPORATION	ON SYSTEM (Name)		_ ASS
<u>1</u>	200 SOUTH PIN	NE ISLAND RD Address (P.O. Box <u>NO</u>		MII: 19 EF, FLORIES
<u>P</u>	PLANTATION	FL City/State/Zip	33324	_

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)

E.A. Wallace 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)

United States of America State of Louisiana





As Secretary of State, Jay Dardenne, I do hereby Certify that

AMERICAN EQUITY RISK SERVICES, LLC

A limited liability company domiciled in MANDEVILLE, LOUISIANA,

Filed charter and qualified to do business in this State on May 28, 2008,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set My hand and caused the Seal of my Office To be affixed at the City of Baton Rouge on,

April 22 2009

Secretary of State

OF LOUIS SECTOR SUSPICE AND SECTOR S

Certificate ID: 20090422008586

To validate this certificate, visit the following web site, go to Commercial Division, Validate Certificate, then follow the instructions displayed.

www.sos.louislana.gov