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09 SEP 11 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

SEP 14 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** National Service Group of Amerilife, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Owens

Name of Person

American Insurance Administrators, LLC

Firm/Company

2536 Countryside Blvd Suite 501

Address

Clearwater, FL 33763

City/State and Zip Code

sowens@amerilife.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Owens

Name of Person

at ( 727 )

216-0859

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: National Service Group of AmeriLIFE LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: June 3, 2009

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 06/16/2009

5. New name of the limited liability company: \_\_\_\_\_  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

National Service Group of Amerilife, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: \_\_\_\_\_

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: \_\_\_\_\_

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

Timothy O North  
Typed or printed name of signee

**Filing Fee: \$25.00**

**FILED**  
09 SEP 11 PM 12:27  
SECRETARY OF STATE  
ALBANY, FLORIDA

# Delaware

PAGE 1

*The First State*

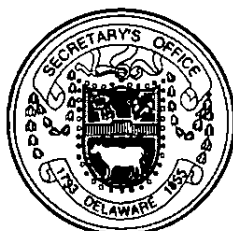
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL SERVICE GROUP OF AMERILIFE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF SEPTEMBER, A.D. 2009.

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09 SEP 11 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4595290 8300

090822041

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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7505678

DATE: 09-01-09

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, 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 "AMERILIFE & HEALTH SERVICES OF CHATTANOOGA, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF SEPTEMBER, A.D. 2008, AT 3:38 O'CLOCK P.M.

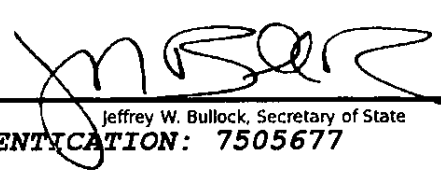
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TALLAHASSEE, FLORIDA

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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7505677

DATE: 09-01-09

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 03:54 PM 09/03/2008  
FILED 03:38 PM 09/03/2008  
SRV 080923111 - 4595290 FILE

**CERTIFICATE OF FORMATION****OF****AMERILIFE & HEALTH SERVICES OF CHATTANOOGA, LLC**

The undersigned authorized person hereby certifies that:

**FIRST.** The name of the limited liability company (hereafter the "Company") is:

**AMERILIFE & HEALTH SERVICES OF CHATTANOOGA, LLC**

**SECOND.** The address of the Company's registered office in the State of Delaware is 3511 Silverside Road, Suite 105, Wilmington, Delaware USA 19810. The name of the registered agent at such address for service of process is *DELAWARE REGISTRY, LTD.*

**THIRD.** The Authority of the undersigned authorized person is limited to, and solely for the purpose of, executing and filing this Certificate of Formation.

**IN WITNESS WHEREOF**, the undersigned has executed this Certificate of Formation of the company this 3RD. day of SEPTEMBER, 2008.

**DELAWARE REGISTRY, LTD.**

By: Suzanne Sipe  
Suzanne Sipe, Assistant Secretary  
Authorized Person

**FILED**  
09 SEP 11 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA