M15000000048

(F	Requestor's Name)	
· (A	Address)	
. (A	Address)	
(0	City/State/Zip/Phon	e #)
PICK-UP	WAIT.	MAIL
<u>(</u> E	Business Entity Na	me)
(C	Document Number)
Certified Copies		
Special Instructions to	o Filing Officer:	

Office Use Only



200267385242

12/15/14--01017--017 **125.00

15 JAN -2 AM 7:26
SECRETARY OF STATE
TALLAHASSEE, FLORIN

A GINER JAN 0 5 2015

INA





December 17, 2014

TERRY DUNCAN 2650 MCCORMICK DR STE 200S CLEARWATER, FL 33759

SUBJECT: AMERILIFE RE, LLC Ref. Number: W14000074979

We have received your document for AMERILIFE RE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 514A00026702

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

SUBJECT:	AMERILIFE RE, LLC
	Name of Limited Liability Company
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return a	Il correspondence concerning this matter to the following:
•	TERRY DUNCAN
	Name of Person
	AIA, LLC
	Firm/Company
	2650 MCCORMICK DR STE 200S
	Address
	CLEARWATER, FL 33759
	City/State and Zip Code
	TDUNCAN@AIASVCS.COM
	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
TE	ERRY DUNCAN (727) 216-0859
	Name of Contact Person Area Code Daytime Telephone Number
Divisi Regisi P.O. E	ADDRESS: on of Corporations tration Section Box 6327 clifton Building lassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following amount: 25.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate Certificate of Status

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

IN COMPLIANCE WITH SECTION 605 0002 FLORIDA STATLITES THE FOLLOWING IS SUBMITTED TO REGISTER A

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. AMERILIFE RE, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
_{2.} DELAWARE _{3.} 35-2456316
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2650 MCCORMICK DR STE 200S
CLEARWATER, FL 33759
(Street Address of Principal Office) 6. 2650 MCCORMICK DR STE 200S
CLEARWATER, FL 33759
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
AL PRODDEV, LLC-LLC MGR TIMOTHY O NORTH-MGR, AL PRODDEV, LLC
2650 MCCORMICK DR 2650 MCCORMICK DR
CLEARWATER, FL 33759 CLEARWATER, FL 33759
8. 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) Signature of an authorized person
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

TIMOTHY O'NORTH-MGR AL PRODDEY

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

AMERILIFE RE, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

R. NATHAN HIGHTOWER, ESQ.

(Name)

2650 MCCORMICK DR

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

CLEARWATER

33759

City/State/Zip

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 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMERILIFE RE, 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 FOURTH DAY OF DECEMBER, A.D. 2014.

15 JAN -2 AM 7:26
SECRETARY OF STATE
STATE ARASSES FOR STATE

5206732 8300

141488358

AUTHENTICATION: 1924929

DATE: 12-04-14

You may verify this certificate online at corp.delaware.gov/authver.shtml