

M15000002636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

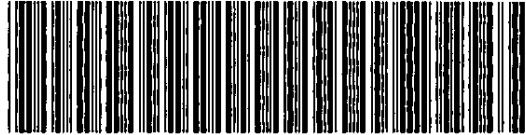
(Business Entity Name)

(Document Number)

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M. MILLIGAN  
EXAMINER

APR 13 2015

FILED  
15 MAR 19 PM 1:47  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AMERILIFE & HEALTH SERVICES OF THE MID SOUTH, LLC**  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all 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 information concerning this matter, please call:

**TERRY DUNCAN**

Name of Contact Person

at ( **727** ) **216-0859**

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. AMERILIFE & HEALTH SERVICES OF THE MID SOUTH, 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. 61-1735665

(Jurisdiction under the law of which foreign limited liability  
company is organized)

(FEI number, if applicable)

4.

(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. SAME AS ABOVE

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

AL Amerilife, LLC - LLC Mgr.

Timothy North- Mgr AL Amerilife, LLC

2650 McCormick Dr Ste 200S

2650 McCormick Dr Ste 200S

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

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 & HEALTH SERVICES OF THE MID SOUTH, LLC

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

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

R. NATHAN HIGHTOWER, ESQ

(Name)

2650 MCCORMICK DR STE 300L

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

CLEARWATER

FL

33759

City/State/Zip

FILED  
15 MAR 19 PM 1:47  
CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

*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.*

R. Nathan Hightower, ESQ

By: 

(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

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*The First State*


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERILIFE & HEALTH SERVICES OF THE MID SOUTH, 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 TENTH DAY OF MARCH, A.D. 2015.

FILED  
15 MAR 19 PM 1:47  
RECEIVED  
MAR 19 2015  
DELAWARE SECRETARY OF STATE

5515877 8300

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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2186893

DATE: 03-10-15