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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 25 2015

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Superior Health and Life Insurance, 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:

Brian E. Miller

Name of Person

Superior Health and Life Insurance Agency, LLC

Firm/Company

1147 SE Kirk St.

Address

Stuart, FL 34997

City/State and Zip Code

brian.superiorhealthandlife@gmail.com

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

For further information concerning this matter, please call:

Brian E. Miller

906

250-8558

Name of Contact Person

at (_____) _____
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 TRANSACT BUSINESS IN FLORIDA

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

1. Superior Health and Life Insurance Agency, 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. Marquette, MI 3. 46-0966761
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Date of Registration
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____
P.O. Box 112 Marquette, MI 49855
(Street Address of Principal Office)

6. 1147 SE Kirk Street Stuart, FL 34997
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Brian E. Miller

Office Address: 1147 SE Kirk Street

Stuart, Florida 34997
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

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

Nicole M. Miller

Office Manager

1147 SE Kirk St Stuart, FL 34997

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]

Signature of an authorized person

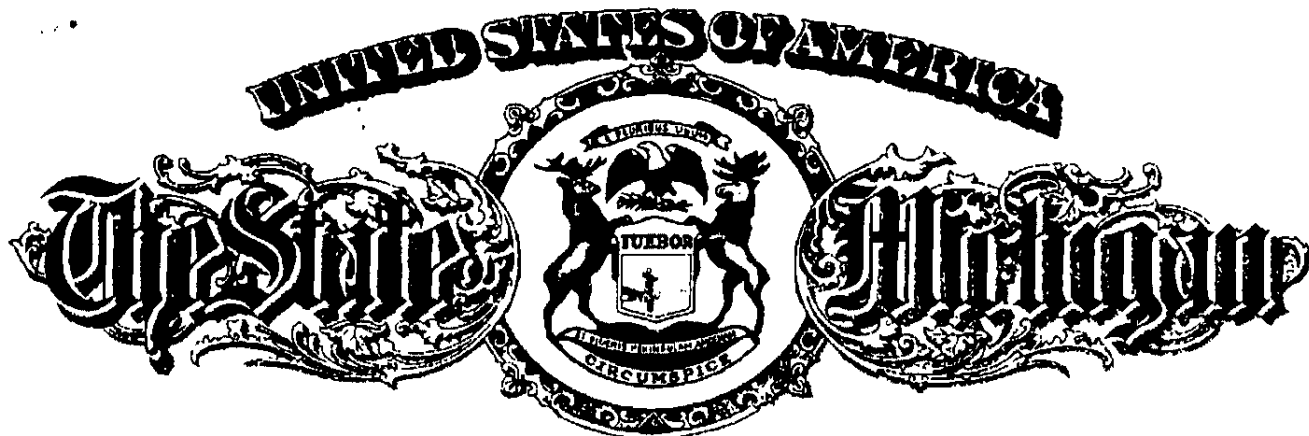
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Nicole Miller
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

SUPERIOR HEALTH AND LIFE INSURANCE AGENCY, LLC

was validly organized on September 4, 2012 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission
1333733

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 19th day of August, 2015*

Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau