

M15000008502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

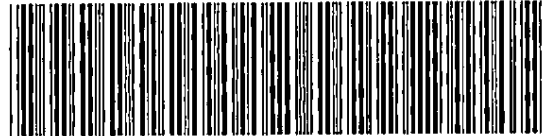
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700409223077

05/24/23--00005--011 **25.00

FILED
2023 MAY 24 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SECURE ADMINISTRATIVE SOLUTIONS 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:

TERRY DUNCAN

Name of Person

AMERILIFE

Firm/Company

2650 MCCORMICK DRIVE STE 200 S

Address

CLEARWATER, FL 33759

City/State and Zip Code

SASINFOR@AMERILIFE.COM

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

For further information concerning this matter, please call:

TERRY DUNCAN at (727) 216-0859
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: SECURE ADMINISTRATIVE SOLUTIONS LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2023 MAY 24 PM 1:44
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

2. The Florida document number of this limited liability company is: M15000008502

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 10/20/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

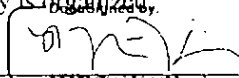
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

UTAH

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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 the authorized representative

R NATHAN HIGHTOWER - PRESIDENT AL TPA, LLC

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2023 MAY 24 PM 1:44
CLERK OF STATE
TALLAHASSEE, FLORIDA

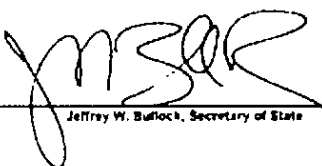
Delaware

The First State

Page 1

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 CONVERSION OF "SECURE ADMINISTRATIVE
SOLUTIONS LLC", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF
DECEMBER, A.D. 2022, AT 9:06 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

5474120 8100
SR# 20232162692

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

Authentication: 203376087
Date: 05-18-23

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:06 AM 12/15/2022
FILED 09:06 AM 12/15/2022
SR 20224275176 - FileNumber 5474120

**STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A DELAWARE LIMITED LIABILITY COMPANY
TO A NON-DELAWARE ENTITY
PURSUANT TO SECTION 18-216 OF
THE LIMITED LIABILITY COMPANY ACT**

1.) The name of the Limited Liability Company is SECURE ADMINISTRATIVE SOLUTIONS LLC.

(If changed, the name under which it's certificate of formation was originally filed: _____)

2.) The date of filing of its original certificate of formation with the Secretary of State is 1/30/2014.

3.) The jurisdiction in which the business form, to which the limited liability company shall be converted, is organized, formed or created is Utah.


4.) The conversion has been approved in accordance with this section;

5.) The limited liability company may be served with process in the State of Delaware in any action, suit or proceeding for enforcement of any obligation of the limited liability company arising while it was a limited liability company of the State of Delaware, and that it irrevocably appoints the Secretary of State as its agent to accept service of process in any such action, suit or proceeding.

6.) The address to which a copy of the process shall be mailed to by the Secretary of State is 26650 McCormick Drive 200S

Clearwater, FL 33759

In Witness Whereof, the undersigned have executed this Certificate of Conversion on this 14th day of December, A.D. 2022.

By: 
Authorized Person

Name: R. Nathan Hightower
Print or Type



Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

05/19/2023
8942924-016005192023-3181263

CERTIFICATE OF EXISTENCE

Registration Number:	8942924-0160
Business Name:	SECURE ADMINISTRATIVE SOLUTIONS LLC
Registered Date:	February 17, 2014
Entity Type:	L.L.C - Domestic
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (**unless Delinquent**); and, that Articles of Dissolution have not been filed.



Leigh Veillette
Director
Division of Corporations and Commercial Code



Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, S.M. Box 146705
Salt Lake City, UT 84114-6705
Phone: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

Registration Number: 8942924-0160

May 19, 2023

Business Name: SECURE ADMINISTRATIVE SOLUTIONS LLC

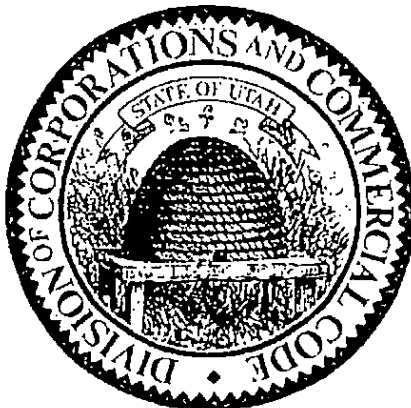
Registered Date: JANUARY 30, 2014

CERTIFIED COPY OF STATEMENT OF DOMESTICATION WITH CERTIFICATE OF ORGANIZATION

THE UTAH DIVISION OF CORPORATIONS AND COMMERCIAL CODE ("DIVISION") HEREBY CERTIFIES THAT THE ATTACHED IS TRUE, CORRECT, AND COMPLETE COPY OF THE STATEMENT OF DOMESTICATION WITH CERTIFICATE OF ORGANIZATION OF

SECURE ADMINISTRATIVE SOLUTIONS LLC

AS APPEARS OF RECORD IN THE OFFICE OF THE DIVISION.



L. Veillette

Leigh Veillette
Director
Division of Corporations and Commercial Code

Div. of Professional Licensing
(801)530-6628

Real Estate
(801)530-6747

Public Utilities
(801)530-6651

Securities
(801)530-6600

Consumer Protection
(801)530-6601



ID: BEBEDEF7-1130-4597-9CEB-C752A7543A22

type written or computer generated.

12/05/2022

Receipt Number 3713.00

3713.00

DEC 05 2022

Use for filing only

State of Utah

Department of Commerce

Division of Corporations & Commercial Code

Statement of Domestication

Non-Refundable Processing Fee: \$37.00

Pursuant to UCA § 48-3a-1055 causes this Statement of Domestication to be delivered to the Utah Division of Corporations for filing, and states as follows:

I. The Statement of Domestication shall state:

Entity Number: 8942924-0161

First: The name and entity type of the company immediately prior to the filing of the articles of domestication:

Name: SECURE ADMINISTRATIVE SOLUTIONS LLC

Entity Type (LLC, LP, Partnership, DBA, etc.): LLC

Second: The date and state where the company was first created and, if it has changed, its jurisdiction immediately prior to its domestication:

1/30/2014

Delaware

Date of formation

State / Jurisdiction

Third: The name and entity type of the company as set forth in its domesticated entity filing;

Name: SECURE ADMINISTRATIVE SOLUTIONS LLC

Entity Type: LLC

Utah

State / Jurisdiction

26650 McCormick Drive 200S Clearwater, FL 33759

Registered Agent address or mailing address for service of process if not qualified as a foreign entity in Utah

Fourth: The plan of domestication was approved in accordance with Utah law or, if a foreign entity, the law of the jurisdiction of its formation;

Fifth: The future effective date of the domestication to the new entity if it is not to be effective upon the filing of the statement of domestication:

(MM-DD-YYYY)

Sixth: Under penalties of perjury, I declare that the statement of domestication have been duly approved by the owners of the entity.

Name: R. Nathan Hightower

Signature: [Signature]

Title: Chief Legal and Administrative Officer

Date: 12/15/2022

2. Additional filing requirements: The non-refundable processing fee of \$37.00 payable to the State of Utah, and application for new entity must accompany this form. No additional fee for the new application.

Under GRAMA {63G-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

State of Utah
Department of Commerce
Division of Corporations and Commercial Code
I hereby certified that the foregoing has been filed
and approved on this 15th day of DEC, 20 22
In this office of this Division and hereby Issued
This Certificate thereof.

09/22

Examiner: [Signature]

Date: 12/16/2022



[Signature]
Leigh Veillette
Division Director

DEC 15 2022 4:21:08

Envelope ID: BEBEBEF7-1130-4597-9CEB-C752A7543A22 *to be hand written.*



Department of Commerce
Division of Corporations & Commercial Code
Certificate of Organization (Limited Liability Company)

RECEIVED
DEC 15 2022

Important: Read instructions before completing form

Non-Refundable Processing Fee: \$54.00

1. Name of Limited Liability Company:	SECURE ADMINISTRATIVE SOLUTIONS LLC			
2. Principal office address: Street Address Required PO Box can be listed after Street Address	1405 West 2200 South		Salt Lake City, UT 84119	
3. The name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent): Corporation Service Company <i>The address must be listed if you have a non-commercial registered agent. See instructions for further details.</i> Address of the Registered Agent: _____ City: _____ State: UT Zip: _____				
4. Signature of Organizer	DocuSigned by: Signature: _____			
5. Name and Address of Members and/or Managers (optional):	1. AL TPA, LLC		Manager	
	Name	2650 McCormick Drive Ste 200S	Clearwater	Florida 33759
2. _____ Name _____ Position _____ Address _____ City _____ State _____ Zip _____				
6. Duration (optional):	<input checked="" type="checkbox"/> X	The duration of the company shall be perpetual		
7. Purpose (optional): The duration of the company shall be _____				
Under GRAMA (63G-2-201), all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.				
Optional Inclusion of Ownership Information: This information is not required. Is this a female owned business? <input type="radio"/> Yes <input type="radio"/> No Is this a minority owned business? <input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text" value="Select/Type the race of the owner here"/>				

4942924-0160

State of Utah
Department of Commerce
Division of Corporations and Commercial Code
I hereby certify that the foregoing has been filed
and approved on this 15th day of DEC, 20 22
in this office of this Division and hereby issued
This Certificate thereof.

Examiner

Date



Leigh Vellette
Division Director

06/22

DEC 15 '22 09:21:45



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the forms and instructions to amend the **name, jurisdiction, or the registered agent, or any person identified in accordance with s. 605.0902 (1)(e), or a change in title or capacity of that person, for a foreign limited liability company** authorized to transact business in Florida. The requirements are as follows:

- Pursuant to s. 605.0907, Florida Statutes, the attached application must be completed in its entirety.
- A certificate from the state of jurisdiction evidencing the amendment must be submitted with the application. The certificate should be issued within the past 90 days.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC."
- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If you have changed the name of your limited liability company and the new name is not distinguishable on our records, you must adopt an alternate name to use in the state of Florida. To adopt an alternate name, you must submit a copy of the written consent of the managers or managing members adopting the alternate name. You may download a fill-in-the blank consent form from our website www.sunbiz.org.

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

- **The fees are as follows:**
 - \$25.00 Filing Fee
 - \$30.00 Certified Copy (optional)
 - \$ 5.00 Certificate of Status (optional)
- A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.
- Please send the application to:

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.