

MI6000004894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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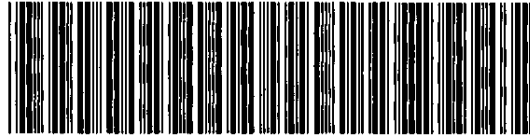
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

JUN 20 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERILIFE & HEALTH SERVICES OF ARIZONA, 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

AMERILIFE GROUP, LLC

Firm/Company

2650 MCCORMICK DR STE 200S

Address

CLEARWATER, FL 33759

City/State and Zip Code

TDUNCAN@AMERILIFE.COM

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

For further information concerning this matter, please call:

TERRY DUNCAN

727

216-0859

at ()

Name of Contact Person

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. AMERILIFE & HEALTH SERVICES OF ARIZONA, 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

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

3. 37-1803097

(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. 2650 MCCORMICK DR STE 200S

CLEARWATER, FL 33759

(Mailing Address)

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

Name: R. NATHAN HIGHTOWER, ESQ

Office Address: 2650 MCCORMICK DR STE 300L

CLEARWATER

(City)

, Florida 33759

(Zip code)

Registered agent's acceptance:

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 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.

(Registered agent's signature) R. NATHAN HIGHTOWER

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

AL AMERILIFE, LLC - MANAGER

GIDEON MOORE - SECRETARY, AL AMERILIFE, LLC ITS MGR

2650 MCCORMICK DR STE 200S

2650 MCCORMICK DR STE 300L

CLEARWATER, FL 33759

CLEARWATER, FL 33759

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.

GIDEON MOORE - SECRETARY, AL AMERILIFE, LLC ITS MANAGER

Typed or printed name of signee

SECRETARY OF STATE
JANUARY 17, 2018

2018 JAN 17 AM 11:00

FILED

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AMERILIFE & HEALTH SERVICES OF
ARIZONA, 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 THIRTEENTH DAY OF
JUNE, A.D. 2016.



5965093 8300

SR# 20164421312

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202477308

Date: 06-13-16