

M16000008407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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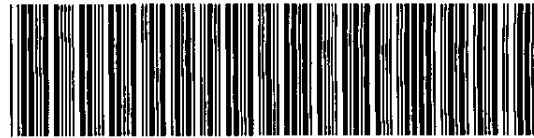
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 OCT 20 P 2:13
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 21 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICAN INSURANCE ADMINISTRATORS DE PUERTO RICO, 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

at (727)

216-0859

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

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TALLAHASSEE, FLORIDA

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**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. AMERICAN INSURANCE ADMINISTRATORS DE PUERTO RICO, 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. 32-0505771
(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)

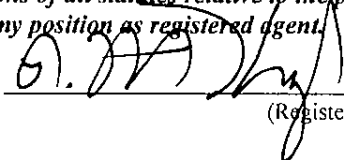
6. 2650 MCCORMICK DR STE 200S
CLEARWATER, FL 33759
(Mailing Address)

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, Florida 33759
(City) (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:

<u>AL TPA, LLC - MANAGER</u>	<u>GIDEON MOORE- SECRETARY AL TPA, LLC</u>
<u>2650 MCCORMICK DR STE 200S</u>	<u>2650 MCCORMICK DR STE 300L</u>
<u>CLEARWATER, FL 33759</u>	<u>CLEARWATER, FL 33759</u>

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 of an authorized person GIDEON MOORE

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 TPA, LLC
Typed or printed name of signee

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2016 OCT 20 P 2:14
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AMERICAN INSURANCE ADMINISTRATORS DE
PUERTO RICO, 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 TWENTY-FIRST DAY OF
SEPTEMBER, A.D. 2016.



6151931 8300

SR# 20165883885

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203035015

Date: 09-21-16