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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 15 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YourMedicare.com, 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

Name of Contact Person

at (727)

Area Code

216-0859

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. YourMedicare.com, 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. 32-0563846
(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
(Street Address of Principal Office)
Clearwater, FL 33759

6. 2650 McCormick Dr. STE 200S
(Mailing Address)
Clearwater, FL 33759

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

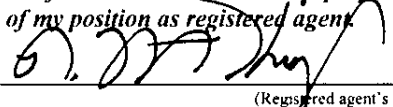
Name: R. Nathan Hightower, Esq.

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.

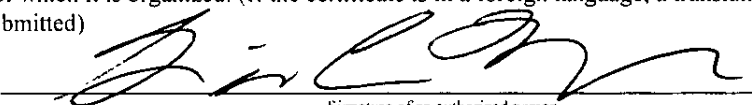

(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>AL Marketing, LLC</u> <u>2650 MCCORMICK DR STE 200S</u> <u>CLEARWATER, FL 33759</u>	<u>Secretary AL Marketing, LLC</u>	<u>Gideon C. Moore</u> <u>2650 MCCORMICK DR STE 300L</u> <u>CLEARWATER, FL 33759</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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

10. 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 C. Moore - Secretary AL Marketing, LLC its manager
Typed or printed name of signer

FILED
2017 JUN 13 AM 10:12
SECRETARY 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 "YOURMEDICARE.COM, 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 SIXTH DAY OF JUNE, A.D. 2017.



6408894 8300

SR# 20174603658

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: 202662493

Date: 06-06-17