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	(Business Entity Name)
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J. HARRIS

COVER LETTER

ľO:	Registration Section
	Division of Corporations

National Insurance Marketing Brokers, LLC

SUBJECT: _

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 Drive, Suite 2008

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 at ()	216-0859
Name	of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS		<u>S1</u>	TREET_ADDRESS:
Division of Corporation.	s	Di	vision of Corporations
Registration Section		R	gistration Section
P.O. Box 6327		CI	ifton Building
Tallahassee, FL 32314		26	61 Executive Center Circle
		Ta	Illahassee, FL 32301
Enclosed is a check for the follow	ving amount:		
S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing F Certified Copy	ee & 🛛 \$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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 National Insurance Marketing Brokers, LLC

Missouri 3. 20-3269252 (Plat first transacted basines in Florids. if prior to registration.) (See sections 003 0904 & 003 0905, E.S. to determine penalty lability) 221 Bolivar Street (Since Address of Pincipal Office) 6. 2650 McCormick Drive. Ste 2008 (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 70 Name: R. Nathan Hightower, Esq. 70 Office Address: 2650 McCormick Dr. Ste 3001. 70 Clearwater 1000 1000 (Cuy) Florida 33759 70 (Super Address: Office Address: (Cuy) (Super Address) Office Address: Office Address: (Cuy)		name adopted for the purpose of transacting business in FI	lorida. The alterna	te name must include "Limited Liability	"Company," "L.L.C," or "	
(Date first intercated basiness in Florida, if prior to regulation)	Missouri		3, 20			
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 221 Bolivar Street (Street Address of Principal Office) (Mailing Address) (Mailing Address) Deficience of Principal Office) (Mailing Address) Deficience of Principal Office) (Mailing Address) 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 (Cup code) (Cup code) gistered agent's acceptance: . Florida 4 33759 ving been named as registered agent and to accept service of process for the above stated limited liability company at ignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I fut omply with the provisions of all statutes relative to the Proper and complete performance of my duties, and I am fam By:D	(Jurisdiction under the law of w	high foreign limited liability company is organized)		(HEI munber,	if applicable)	
(See sections 605 0905 F.S. to determine penalty liability) 221 Bolivar Street (Steel Address of Principal Office) (Mailing Address) (Steel Address of Principal Office) (Mailing Address) Defersion City, MO 65101 Name and street address Name and street address Office Address: 2650 McCormick Dr. Ste 300L Office Address: (Clearwater (City) (City) (Stered agent's acceptance: (City) (City) <td cols<="" td=""><td></td><td></td><td></td><td></td><td></td></td>	<td></td> <td></td> <td></td> <td></td> <td></td>					
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VENTUREUS ENTERPRISES LLC

Secretary

(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)

GIDEON MOORE 2650 McCormick Dr. Clearwater, FL 33759

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.

Signature of an authorized person

Gideon Moore - Secretary VentureUS Enterprises, LLC its manager

Typed or printed name of signee



John R. Ashcroft Secretary of State

MISSOU

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

National Insurance Marketing Brokers, LLC LC0676913

was created under the laws of this State on the 5th day of August, 2005, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 10th day of August, 2017.

cretary



