

M17000008643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

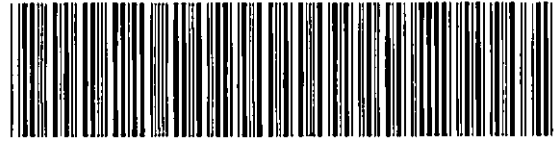
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RA W17-72789

Office Use Only



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09/01/17--01009--015 **125.00

FILED
17 OCT -6 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JZ
10/11/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2017

ANDREW HETZLER
AE INSURANCE, LLC
246 E 11TH ST, STE. 202
CHATTANOOGA, TN 37402

SUBJECT: AMERICAN EXCHANGE HEALTH INSURANCE SERVICES, LLC
Ref. Number: W17000072789

We have received your document for AMERICAN EXCHANGE HEALTH INSURANCE SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 517A00019365

2017 OCT -6 PM 12:30

TALLAHASSEE, FLORIDA

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. AE Insurance, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

American Exchange Health Insurance Services, 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. Tennessee 3. 46-1784303
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/1/2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>American Exchange</u> <small>(Street Address of Principal Office)</small> <u>246 E 11th Street, Suite 202</u> <u>Chattanooga, TN 37402</u>	6. <u>American Exchange</u> <small>(Mailing Address)</small> <u>246 E 11th Street, Suite 202</u> <u>Chattanooga, TN 37402</u>
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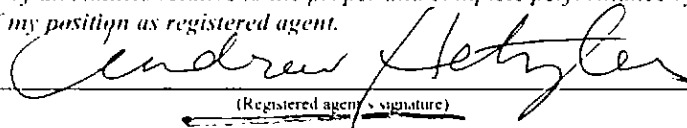
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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Andrew Hetzler

Office Address: 50 N. Laura Street, Suite 2500
Jacksonville, Florida 32202
(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)

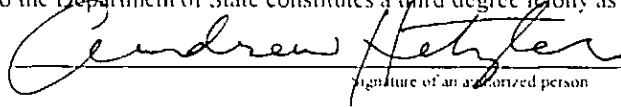
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CEO</u>	<u>Robert F Huffaker</u> <u>246 E 11th Street, Suite 202</u> <u>Chattanooga, TN 37402</u>	<u>COO</u>	<u>Andrew Hetzler</u> <u>246 E 11th Street, Suite 202</u> <u>Chattanooga, TN 37402</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)

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

Andrew Hetzler
Typed or printed name of signee



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

ANDREW HETZLER
STE 202
246 E 11TH STREET
CHATTANOOGA, TN 37402

August 28, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0248776

Issuance Date: 08/28/2017
Copies Requested: 1

Document Receipt

Receipt #: 003548820 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3709740269 \$20.00

Regarding: AE Insurance, LLC
Filing Type: Limited Liability Company - Domestic Control #: 705985
Formation/Qualification Date: 01/14/2013 Date Formed: 01/14/2013
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: HAMILTON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

AE Insurance, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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