

M18600007668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

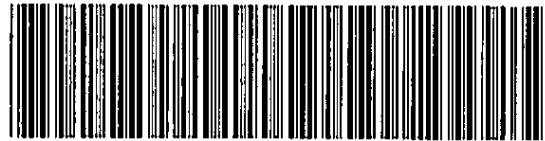
(Document Number)

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2018 AUG 10 PM 3:04

T. CLINE

AUG 21 2018

EXAMINER



August 20, 2018

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee FL 32301

RE Voluntary Insurance Products

Please find the attached Application to register the foreign entity, Voluntary Insurance Products, LLC. We received the rejection letter, and the Department of Financial Services stated they do not need to approve this entity filing. Please process the Application enclosed, and apply the check previously submitted with the Application (check# 179220 \$125.00) for the filing fee.

Sincerely,

A handwritten signature in black ink, appearing to read "Alyssa Davis".

Alyssa Davis  
Entity Management Specialist

2018 AUG 16 PM 3:04

Rec'd 8/20/18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 15, 2018

ALYSSA DAVIS  
2650 MCCORMICK DR 200S  
CLEARWATER, FL 33759

SUBJECT: VOLUNTARY INSURANCE PRODUCTS, LLC  
Ref. Number: W18000074001

We have received your document for VOLUNTARY INSURANCE PRODUCTS, 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):

Pursuant to section 628.091, Florida Statutes, approval must be obtained from the Department of Financial Services. Approval may be obtained from:

Department of Financial Services  
200 E. Gaines St.  
Tallahassee, FL 32399

850-413-2575

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline  
Regulatory Specialist III

Letter Number: 218A00016887

2018 AUG 16 PM 3:04

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VOLUNTARY INSURANCE PRODUCTS, 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:

ALYSSA DAVIS

\_\_\_\_\_  
Name of Person

AMERILIFE

\_\_\_\_\_  
Firm/Company

2650 MCCORMICK DR 200S

\_\_\_\_\_  
Address

CLEARWATER, FL 33759

\_\_\_\_\_  
City/State and Zip Code

ENTITY@AMERILIFE.COM

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

For further information concerning this matter, please call:

ALYSSA DAVIS

727

726-0726

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:

☐ \$100.00 ☐ \$200.00 ☐ \$300.00 ☐ \$400.00 ☐ \$500.00 ☐ \$600.00 ☐ \$700.00 ☐ \$800.00 ☐ \$900.00 ☐ \$1,000.00

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. VOLUNTARY INSURANCE PRODUCTS, 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. 83-1432211  
(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  
(Street Address of Principal Office)  
CLEARWATER, FL 33759

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

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

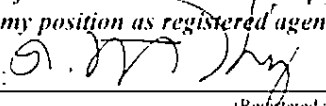
Name: R. Nathan Hightower, Esq.

Office Address: 2650 McCormick Dr

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.

By:   
(Registered agent's signature)

R. Nathan Hightower, Esq.

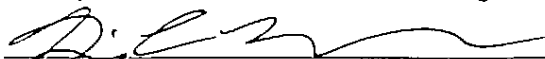
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MANAGER	AL Worksite Marketing, LLC 2650 MCCORMICK DR 200S CLEARWATER, FL 33759		
SECRETARY	GIDEON MOORE 2650 MCCORMICK DR 200S CLEARWATER, FL 33759		

(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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "VOLUNTARY INSURANCE PRODUCTS, 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 FIRST DAY OF AUGUST, A.D. 2018.

  
Jeffrey W. Bullock, Secretary of State

6999946 8300

SR# 20185950003

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203172256

Date: 08-01-18