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COVER LETTER

TO:

TO:	Registration Section Division of Corporations		
SUBJ	SECURE BENEFITS, LLC		
.,01,0		of Limited Liability Company	-
		impany for Authorization to Transact Business in Florida, ferenced foreign limited liability company to transact business.	
Please	return all correspondence concerning this matter to t	he following:	
	ALYSSA DAVIS		
		Name of Person	-
	SECURE BENEFITS, LLC		
		Firm/Company	-
	2650 MCCORMICK DR 200S		
	Address	. ~2	
	CLEARWATER, FL 33759		11101
	/State and Zip Code		
	ENTITY@AMERILIFE.COM		10 F
	E-mail address: (to be u	sed for future annual report notification)	. <u>-</u>
For fu	ther information concerning this matter, please call:		P. J. J. 13
	ALYSSA DAVIS	727 726-0726	
	Name of Contact Person	Area Code Daytime Telephone Number	•
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAI \$\Boxed{\omega}\$	& 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee,	

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:

	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Liability Co	mpany," "L.L.C," or "Ll	
		46-0630124		
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEt number, if applicable)		
	Date first temperated business in Elocada (Carios to see	obtration)		
	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	penalty liability)		
2650 MCCORMICK DR		2650 MCCORMICK DR 200S		
eet Address of Principal Office)		6. (Mailing Address)	- 1	
CLEARWATER, FL 33759		CLEARWATER, FL 33759	3.170	
			16 Fi. 4: 19	
	· · · · · · · · · · · · · · · · · · ·			
Name and street addre	ss of Florida registered agent: (P.O. Box)	NOT acceptable)	سر	
Mediane and an and an and an	w or Fronda registered agents (1.10.1702)		<u> </u>	
Norman	R. NATHAN HIGHTOWER		ع	
Name:				
Office Address:	2650 MCCORMICK DR 200S			
	CLEARWATER	33759 , Florida		
		, 1 101144		

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: The Senior Resource Group, LLC Name: Name: R. Nathan Hightower □Manager **■**Manager Address: ____ Address: 2650 McCormick Dr □Member □Member Clearwater, FL 33759 Clearwater, FL 33759 □ Authorized Authorized Person Person □Other____ Other____ □Other Other Name: □Manager Name: □Manager □Member ☐ Member Address: Address: ☐ Authorized ☐ Authorized Other 6 Person Person □Other____ □Other____ □Manager Name: □Manager Name: Address: _____ □Member Address: □Member □ Authorized ☐ Authorized Person Person □Other_____ □Other_____ □Other_____ □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

Typed or printed name of signee

R. Nathan Hightower



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SECURE BENEFITS, 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-NINTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SECURE BENEFITS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.





Authentication: 204272537

Date: 08-29-22

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SR# 20223388706