F00000002148

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: AM Ingco Fund Managers, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

800003209378--5
-04/14/00-01060-004
*****78.75 *****78.75

Bob Ingco
(Name of Person)

AM Ingco Fund Managers, Inc.
(Firm/Company)

11410 North Kendall Drive, Suite 208
(Address)

Miami, FL 33176
(City/State/Zip)

FILED
00 APR 14 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Should you need to call someone concerning this matter, please call:

Carie Ingco at (305) 273-1589
(Name of Person) (Area Code & Daytime Telephone Number)

Name Availability	DCC
Document Examiner	DCC
Updater	DCC
Updater Verifyer	DCC
Acknowledgement	DCC
W. P. Verifyer	DCC

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☒ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

F00000002148

4 pages

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. AM Ingco Fund Managers, Incorporated
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Nevada, USA
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. November 17, 1999
(Date of incorporation)

5. To be Determined
(Duration: Year corp. will cease to exist or "perpetual")

6. Not as of yet
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 11410 North Kendall Drive, Suite 208
Miami, Florida 33176
(Current mailing address)

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TALLAHASSEE, FLORIDA

8. To manage limited partnership based in Florida (act as General Partner)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Carie Ingco

Office Address: 18236 SW 26th Court
Miramar, Florida, 33029
(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Carie Ingco
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Bob Ingco

Address: 11410 North Kendall Drive, Suite 208

Miami, FL 33029

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Bob Ingco

Address: 11410 North Kendall Drive, Suite 208

Miami, FL 33176

Vice President: _____

Address: _____

Secretary: Carie Ingco

Address: 11410 North KendallDrive, Suite 208

Miami, FL 33176

Treasurer: Carie Ingco

Address: 11410 North Kendall Drive, Suite 208

Miami, FL 33176

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Bob Ingco, President and Chairman of the Board
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

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00 APR -4 PM 1:30
SECRETARY OF STATE
LAS VEGAS, NEVADA

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AM INGCO FUND MANAGERS** as a Corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 17, 1999, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on **MARCH 31, 2000.**

Dean Heller

Secretary of State

By

Certification Clerk