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SECKEIZHY OF STATE ALLAHASSEE FLORIDA

BL VORISER



PHONE 254,729,8002 Fax: 254,729,8069

November 1, 2018

Client Code: 1587

Florida Secretary of State Division of Corporations Corporate Filings 2661 Executive Center Circle Tallahassee, FL 32301

Ref: Application for Certificate of Authority

Dear Sir/Madam:

We are filing the following documents on behalf of AmSuisse, Inc.

The items checked below are enclosed.

Application for Certificate of Authority
Check #29992 Amount \$ 70.00

Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Sabrina Slater

Sabrina Slater
Annuals and Corporates Manager
Insurance Licensing Services of America, Inc.
111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
Ph: 254.729.6109

Ph: 254.729.6109 Fax: 254.729.8067

Email: sslater@ilsainc.com

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AmSuisse, Inc.	
Name of corporation - r	nust include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standir above referenced foreign corporation to transact business	ng" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
Elisia Phillips	
Name of Per	rson
Insurance Licensing Services of America, Inc.	
Firm/Compar	ny
111 N Railroad St	
Address	
Groesbeck, TX 76642	
City/State and	Zip code
ephillips@ilsainc.com	formation of the state of the s
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	:
Elisia Phillips at (254)	729-6113
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	78.75 Filing Fee & Certified Copy Service Certified Copy Certified Copy Service Certified Copy

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. AmSuisse, Inc.	/				
	corporation; must include "INCORPORATE Corp." "Inc." "Co." or "Corp.")	ED." "COMPANY." "CORPOR	ATION,"		_
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of tra	insacting busines	ss in Florida)	_
2. TX 🗸		3. 46-2344975			
(State or count	ry under the law of which it is incorporated)		er, if applicable)	, <u> </u>	_
4, 03/20/2013		5. Perpetual			
(Date	e of incorporation)	(Date of duration, i	f other than perj	petual)	_
6.					
	(Date first transacted busine) (SEE SECTIONS 607,1501 & 60	ss in Florida, if prior to registration, 1502, F.S., to determine penalty			_
7, <u>830 S. Mason Rd</u>	Ste. A1	Katy,	TX	77450	
	(Pri	ncipal office address)			_
830 S. Mason Rd	L. Ste. A1	Katy,	TX	77叠码。	₹
	(Current ma	tiling address, if different)			NUN B
8. Name and stre	et address of Florida registered agent: (P.O. Box NOT acceptable)		3386	7
Name:	C T Corporation System			LC 2.	ž (
Office Address:	1200 South Pine Island Road			FEORIDA	. '
	Plantation.	, Florida 33324			
	(City)	(Zip code)	 '		

9. 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.

James M. Halpin

Assistant Secretary

(Registered agent's signature)

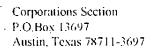
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A.	DIRECTORS	

Chairman:	Josh Hamann		
Address:	830 S. Mason Rd., Ste. A1	Katy.	TX 77450
-			
Vice Chair	man:		
Address:			
-	- 	 	
Director:			<u> </u>
Address:			
Director:			
·			
B. OFFI			
President:			
Address:			
Vice Presi	dent:		
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE:	f necessary, you may attach an addendur	m to the application listing addition	al officers and/or directors.
The office are true a	Signater or director signing this document (and and that he or she is aware that false inforgree felony as provided for in s.817.155,	mation submitted in a document to	

13. Josh Hamann, CEO/Director





Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Amsuisse, Inc. (file number 801752953), a Domestic For-Profit Corporation, was filed in this office on March 20, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 23, 2018.



RR

Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services Document: 845092150003