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NAME: AmCap Investments, LLC

TYPE OF FILING: Application by Foreign LLC to transact business in Florida

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporati	ons					
SUBJECT: Amo		cap	cap Investments, LLC				
				Limited Liability Company	,		
The enci	losed "Application by e, and check are subm	Poreign Limited Liab litted to register the a	ility ove	Company for Authorization referenced foreign limited lis	to Transact Business in Florida," Certificate of ability company to transact business in Florida		
Please n	eturn all corresponden	ce concerning this ma	tter t	to the following:			
				Eric Wolz			
				Name of Person			
		V	olz,	Corporate USA, Inc.			
	· · · · · · · · · · · · · · · · · · ·			Firm/Company			
		36	Sou	th 18th Avenue, Suite I)		
	<u></u>	··		Address			
			Bı	ighton, CO 80601			
	City/State and Zip Code						
		E-mail address:	to he	used for future annual repor	t notification)		
For furt	her information conce	,			,		
					488 O 480		
		Eric Wolz me of Person		at (303) Area Code & Daytime Tele	655-9659		
MAILING ADDRESS: Division of Corporations			STREET ADDRESS: Division of Corporations				
Registration Section			Registration Section				
P.O. Box 6327			Clifton Building				
Tallahassee, FL 32314				61 Executive Center Circle dlahassec, FL 32301			
Enclos	sed is a check for t	ne following amou	ınt:				
					\$160.00 Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	Amcap Investments, LLC
٠.,	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
con	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writteesent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability npany," "L.L.C," "LLC.")
2.,	Texas 3. 81-0553825 Surisdiction under the law of which foreign limited liability (FEI number, if applicable)
Ċ	ompany is organized) (FEI number, if applicable)
4.	May 21st, 2002 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to
	May 21st, 2002 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	9999 Bellaire Blvd., Suite 700, Houston, Texas 77036
	(Street Address of Principal Office)
0	If limited liability company is a manager-managed company, check here
	<u> </u>
9.	The name and usual business addresses of the managing members or managers are as follows:
	P. Garrett Clayton, 9999 Bellaire Blvd, Suite 700, Houston, TX 77036
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a solution of the certificate under oath of the translator must be submitted.)
11	Nature of business or purposes to be conducted or promoted in Florida: Holding Company
	<u> </u>
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, 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.) P. Garrett Clay To
	Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:						
Amcap Investmen	its, LLC					
If unavailable, the alternate to be used in the state of Fl	orida is:					
2. The name and the Florida street address of the regis	tered agent and office are:					
Incorp Service	es, Inc.					
(Name)						
17888 67th Court North						
Florida Street Address (P.O. Box NOT ACCEPTABLE)						
Loxahatchee F	33470					
City/Sta	le/Zip					
Having been named as registered agent and to accept se liability company at the place designated in this certifica agent and agree to act in this capacity. I further agree to relating to the proper and complete performance of my a obligations of my position as registered agent as provide (Signature) Eric Wolz, Assistant Section 1981	te, I hereby accept the appointment as registered o comply with the provisions of all statutes beties, and I am familiar with and accept the for in Chapter 608, Florida Statutes.					
——————————————————————————————————————	e for Application ion of Registered Agent					
\$ 30.00 Certified	l Copy (optional) te of Status (optional)					
, 5.00 Cerunca	ie or granas (obrionar)					

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

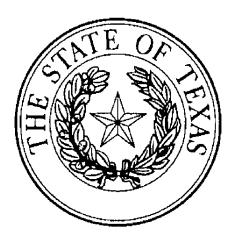
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for Amcap Investments, LLC (file number 800086607), a Domestic Limited Liability Company (LLC), was filed in this office on May 21, 2002.

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 April 20, 2012.



Hope Andrade Secretary of State