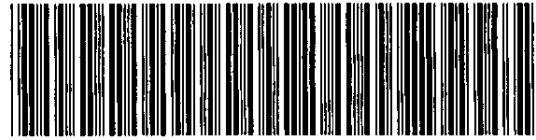


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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D. BRUCE
OCT 19 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Association Member Benefits Advisors, Ltd
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Jenny Bastin
Contact Person
Association Member Benefits Advisors, Ltd
Firm/Company
6034 W. Courtyard Dr. Ste 300
Address
Austin, TX 78730
City, State and Zip Code
jenny.bastin@amba.info
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny Bastin at (512) 610-6333
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

(\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee))
\$1,008.75 Filing Fees and Certificate of Status
\$1,052.50 Filing Fees and Certified Copy
* \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

Payment

2018 OCT 18 AM 11:39

10/18/2018

STREET 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

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. Association Member Benefits Advisors, Ltd

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. TEXAS

3. 3-31-2003

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number. 74-2992940

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

6. 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.

C T Corporation System

By:

Signature of Registered Agent

7. Principal Office:

6034 W. Courtyard Dr. STE 300

Austin, TX 78730

8. Mailing Address:

6034 W. Courtyard Dr. STE 300

Austin, TX 78730

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: AMBA Management, LLC

Name of General Partner:

Street Address: Jerry Morgan, Manager

Street Address:

6034 W. Courtyard Dr. STE 300

Mailing Address: Austin, TX 78730

Mailing Address:

(Mailing Address is Same)

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

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FILED

Name of General Partner: _____ Name of General Partner: _____

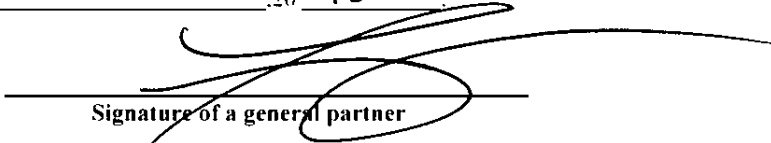
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: 10-14-16
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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

Signed this 14th day of October, 2016



Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

2015 OCT 18 AM 11:38

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



Carlos H. Cascos
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 Conversion for Association Member Benefits Advisors, Ltd. (file number 800186680), a Domestic Limited Partnership (LP), was filed in this office on March 24, 2003.

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

Delayed Effective date: March 31, 2003

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 14, 2016.



A handwritten signature in black ink, appearing to read "Cascos" followed by a horizontal line.

Carlos H. Cascos
Secretary of State