

FD6000007500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

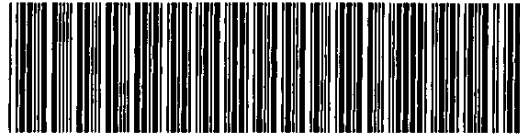
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/02/06--01021--006 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.L. 12-5

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AMT NORTH AMERICA, INC
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

ANN DE JAGER

(Name of Person)

AMT NORTH AMERICA, INC

(Firm/Company)

PO BOX 953566

(Address)

LAKE MARY FL 32795

(City/State and Zip Code)

For further information concerning this matter, please call:

ANN DE JAGER

(Name of Person)

at (407) 733 3953

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2006

ANN DE JAGER / AMT NORTH AMERICA, INC
P.O. BOX 953566
LAKE MARY, FL 32795

SUBJECT: AMT NORTH AMERICA, INC
Ref. Number: W06000048886

We have received your document for AMT NORTH AMERICA, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please check to make sure you meant to submit a non profit application. Your purpose sounds like it should be a profit application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Document Specialist

Letter Number: 206A00065805

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AMT NORTH AMERICA 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:

ANN DE JAGER

(Name of Person)

AMT NORTH AMERICA INC

(Firm/Company)

PO BOX 953566

(Address)

LAKE MARY FL 32795

(City/State and Zip code)

For further information concerning this matter, please call:

ANN DE JAGER

(Name of Person)

at (407) 733 3953

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
3661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

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REGISTRATION

**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. AMT NORTH AMERICA, INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 54-2069221
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/19/2002 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 8/1/2006
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2051 RETREAT VIEW CIRCLE, SANFORD FL 32771
(Principal office address)

PO BOX 953566, LAKE MARY FL 32795
(Current mailing address)

8. ACT AS AGENT FOR FOREIGN CORPORATION. ANN DE JAGER
HANDLES ALL ADMINISTRATION DUTIES, PAYROLL, ETC FOR COMPANY.
(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 NOT acceptable)


Name: ANN DE JAGER

Office Address: 2051 RETREAT VIEW CIRCLE
SANFORD, Florida 32771
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.


(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: IAN HARTNELL

Address: LEVEL 9, 303 CORONATION DRIVE
MILTON QLD 4064 AUSTRALIA

Vice Chairman: GORDON DUNLOP

Address: LEVEL 9, 303 CORONATION DRIVE
MILTON QLD 4064 AUSTRALIA

Director: PREM NAIR

Address: LEVEL 9, 303 CORONATION DRIVE
MILTON QLD 4064 AUSTRALIA

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: HARVEY COHEN - DINSMORE + SHOHL LLP

Address: 1900 CHEMED CENTER, 255 E. 5TH STREET, CINCINNATI
OH 45202

Treasurer: ANN DE JAGER

Address: PO BOX 953566, LAKE MARY FL 32795

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

ANN DE JAGER, TREASURER

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMT NORTH AMERICA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2006.



3559939 8300

060810765

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5057069

DATE: 09-21-06