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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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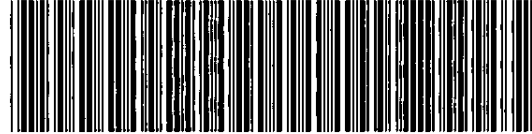
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

MRS
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Asset Management & Consulting Services, 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," or "Certificate of Good Standing" 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:

Gayle L. Rice
Name of Person
Rogers Towers, P.A.
Firm/Company
1301 Riverplace Blvd., Ste. 1500
Address
Jacksonville, Florida 32207
City/State and Zip code
jamiekerr@amcs-inc.om
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gayle L. Rice at (904) 346-5515
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 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

**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. Asset Management & Consulting Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

AMCS Management, Inc.

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

2. South Carolina 3. 57-0917998
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/14/1990 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 2745 Canter Lane, Johns Island, S.C. 29455-8615
(Principal office address)

2745 Canter Lane, Johns Island, S.C. 29455-8615
(Current mailing address)

8. Engage in any activity for which a for-profit corporation may be formed in the state of South Carolina
(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)

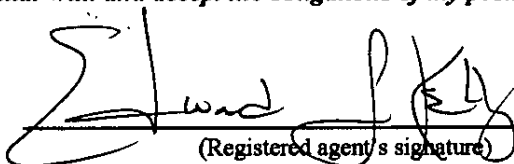
Name: Edward L. Kelly

Office Address: 1301 Riverplace Blvd., St. 1500

Jacksonville, Florida 32207
(City) (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.


(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.

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

A. DIRECTORS

Chairman: James J. Kerr, Sr.

Address: 2409 Mall Drive

North Charleston, SC 29406

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TALLAHASSEE FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: James J. Kerr, Jr.

Address: 2409 Mall Drive

North Charleston, SC 29406

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

14. James J. Kerr, Jr., President

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

The State of South Carolina



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TALLAHASSEE FLORIDA

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ASSET MANAGEMENT & CONSULTING SERVICES, INC.,
a corporation duly organized under the laws of the State of South Carolina on
August 14th, 1990, and having a perpetual duration unless otherwise indicated
below, has as of the date hereof filed all reports due this office, paid all fees,
taxes and penalties owed to the Secretary of State, that the Secretary of State
has not mailed notice to the Corporation that it is subject to being dissolved by
administrative action pursuant to section 33-14-210 of the South Carolina Code,
and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
27th day of May, 2011.


Mark Hammond, Secretary of State