

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:**

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**Apartment Management Consultants- National Inc.**

Certificate of Status	0
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## Corporate Filing Menu

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### COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Apartment Management Consultants- National 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:

Connie Wirthlin

Name of Person

Apartment Management Consultants- National Inc.

Firm/Company

1954 E. PORT UNION BLVD Suite 500

Address

COTTONWOOD HEIGHTS, UT 84121

City/State and Zip code

connie@xmision.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie Wirthlin

at ( 801 ) 942-4650

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. Apartment Management Consultants- National 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. WY 3. 46-4011394  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/30/2013 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. 1954 E. FORT UNION BLVD, STE 500, COTTONWOOD HEIGHTS, UT 84121  
(Principal office address)  
P.O. BOX 900428, Sandy, UT 84090  
(Current mailing address)
8. Provide management services to properties owned by others  
(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: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)
10. Registered agent's acceptance:  
*Having been named as registered agent and to accept services 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.*  
By: James D. Martin  
(Registered agent's signature) Asst. Vice President

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: Greg Wiseman

Address: 1954 E. FORT UNION BLVD, STE 500, COTTONWOOD HEIGHTS, UT 84121

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Greg Wiseman

Address: 1954 E. FORT UNION BLVD, STE 500, COTTONWOOD HEIGHTS, UT 84121

Director: Brenda Barrett

Address: 1954 E. FORT UNION BLVD, STE 500, COTTONWOOD HEIGHTS, UT 84121

B. OFFICERS

President: Brenda Barrett

Address: 1954 E. FORT UNION BLVD, STE 500, COTTONWOOD HEIGHTS, UT 84121

Vice President: Jaren Bradley

Address: 1954 E. FORT UNION BLVD, STE 500, COTTONWOOD HEIGHTS, UT 84121

Secretary: Martha Knudsen

Address: 1954 E. FORT UNION BLVD, STE 500, COTTONWOOD HEIGHTS, UT 84121

Treasurer: Heather Newport

Address: 1954 E. FORT UNION BLVD, STE 500, COTTONWOOD HEIGHTS, UT 84121

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

13. \_\_\_\_\_

Brenda Barrett

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 § 817.13, F.S.

14. \_\_\_\_\_

Brenda Barrett president

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

**STATE OF WYOMING**  
**Office of the Secretary of State**

**FILED**  
**13 NOV 14 AM 10:30**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby  
certify that according to the records of this office,

**Apartment Management Consultants- National Inc.**  
is a  
**Profit Corporation**

formed or qualified under the laws of Wyoming did on **October 30, 2013**, comply with all applicable  
requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity  
identification number **2013-000653203**.

This entity is in existence and in good standing in this office and has filed all annual reports  
and paid all annual license taxes to date, or is not yet required to file such annual reports; and has  
not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed,  
authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming  
on this 12th day of November, 2013 at 9:32 AM. This certificate is assigned 014644425.



*Max Maxfield*  
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and  
effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the  
Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.