

(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



300259954393

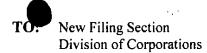
05/08/14--01010--023 **70.00

14 MAY -8 PH 2: 29

OM OF ERRINATION

J. W.

COVER LETTER



SUBJECT: AMT Consumer 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:

Linda Lawler, Regulatory Compliance Manager

Name of Person

AMT Consumer Services, Inc.

Firm/Company

5100 Gamble Drive, Suite 600

Address

St. Louis Park, MN 55416

City/State and Zip code

linda.lawler@amtconsumerservices.com

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

For further information concerning this matter, please call:

Linda Lawler

Name of Person

at (952) 541-5801

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 &	☐ \$78.75 Filing Fee &	■ \$87.50 Filing Fee,
_	Certificate of Status	Certified Copy	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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)	
Delaware 3.		352208197	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
July 26, 2013 , Perpetual			
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
Upon Qu	alification		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
5100 Gan	nble Drive, Suite 600, St. Lo	• • •	
	(Principal office addre		
5100 Gan	nble Drive, Suite 600, St. Lou	uis Park, MN 55416	
	(Current mailing addre	ess)	
Members	ship Club Sales of Products	and Services.	
(Purpose(s) of corporation authorized in home state or cou	ntry to be carried out in state of Florida)	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	CT Corporation System	····	
ffice Address:	1200 South Pine Island Roa	ad :	
	Plantation	. Florida 33324	
	(City)	(Zip code)	

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.

> Jeanne Nelson Assistant Secretary

(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: See List Attached. Address: Vice Chairman: _____ Address: ____ Director: _____ Address: _____ Address: **B. OFFICERS** President: See List Attached. Address: Vice President: Address: ___ Secretary: _____ Address: _____ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Hal Brecher, President

The Officers and Directors of AMT Consumer Services, Inc.

Title	Name	Mailing Address	City	State	Zip Code
President **	Hal Brecher	5100 Gamble Drive, Suite 600	St. Louis Park	MN	55416
Secretary	Steve Arlowe	5100 Gamble Drive, Suite 600	St. Louis Park	MN	55416
Treasurer	Harry Schlachter	59 Maiden Lane, 43 rd Floor	New York	NY	10038
CFO	Andrew Barnes	5100 Gamble Drive, Suite 600	St. Louis Park	MN	55416
COO & Chief Privacy Officer	Gregory C. Mazza	5100 Gamble Drive, Suite 600	St. Louis Park	MN	55416
Director	Hal Brecher	5100 Gamble Drive, Suite 600	St. Louis Park	MN	55416
Director	Stephen B. Ungar	59 Maiden Lane, 43 rd Floor	New York	NY	10038
Director	Stuart D. Hollander	59 Maiden Lane, 43 rd Floor	New York	NY	10038
Director	Gregory C. Mazza	5100 Gamble Drive, Suite 600	St. Louis Park	MN	55416

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMT CONSUMER SERVICES, 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 FIFTEENTH DAY OF

APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

3670257 8300

140470555

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 1292784

DATE: 04-15-14

You may verify this certificate online at corp.delaware.gov/authver.shtml