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(Bus	siness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2014

KELLY SMINK 2171 TRUCKER INDUSTRIAL ROAD TUCKER, GA 30084

SUBJECT: A-1 AMUSEMENT MASTERS PRODUCTIONS, INC.

Ref. Number: W14000046440

We have received your document for A-1 AMUSEMENT MASTERS PRODUCTIONS, 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 714A00016241

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www.sunbiz.org

Division of Corporations - P.O. ROY 6397, Tallahasson, Florida 39314

COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: 4-1 Amusement Hasters Preductions Inc. Name of corporation - must include suffix	
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:	
Kelly Smink	
Kelly Smink Name of Person	
Name of Person A-1 Amusement Masters Productions Inc. Firm/Company Z171 Tracker Industrial Road Address	
Firm/Company	
2171 Traker Industrial Road	
Address	
Trcker, 64 30084 City/State and Zip code	
City/State and Zip code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Vella Sank 270 Was and	
Kelly Smin/c at (770) 451-9111 Name of Person Area Code & Daytime Telephone Number	
Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
New Filing Section New Filing Section	
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314	
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee Certificate of Status System Certified Copy □ \$87.50 Filing Fee Certified Copy □ \$87.50 Filing Fee Certified Copy □ \$87.50 Filing Fee Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. A - 1 Amusement Masters Productions 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) (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Duration: Year corp. will cease to exist or "perpetual")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) 4 pril 27 1999 5. Perpetual (Date of incorporated) (Duration: Var corp. will preced to quiet as "neground!")
(State or country under the law of which it is incorporated) (FEI number, if applicable) Perpetual (Date of incorporation) (Duration: Various visit as "narroyal")
(Date of incorporation) (Date of incorporation) (Duration: Vaca corp. will cocca to quiet or "normanul")
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502 F.S. to determine penalty liability)
1762 Hadden Hall Place Thinity, FL 34655 (some es legistered agent
(Current mailing address)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Deark Palee
ffice Address: 1762 Hadden Hall Place
Trinity (City) . Florida 34655 (Zip code)
Registered agent's acceptance: aving 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)

10. 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.

II. Names and business addre	esses of officers and/or directors:
A. DIRECTORS.	
Chairman:	
	• '
Vice Chairman:	
Director:	
Address:	
Director:	
Tucker,	CA 30084
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may	attach an addendum to the application listing additional officers and/or directors.
12 I {	Signature of Director or Officer
The officer or director signing are true and that he or she is ava third degree felony as provide	this document (and who is listed in number 12 above) affirms that the facts stated herein ware that false information submitted in a document to the Department of State constitutes
	d or printed name and capacity of person signing application)
(Typed	d or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King. Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER: K917752
DATE INC/AUTH/FILED: April 27, 1999
JURISDICTION: Georgia
PRINT DATE: July 21, 2014

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

A-1 AMUSEMENT MASTERS PRODUCTIONS, INC. A Domestic For-Profit Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

OF GEORGE

Brian P. Kemp Secretary of State

Tracking #: 2QsLxGfh