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| Special Instructions to | Filing Officer: | | | | | |
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SECRETARY OF STATE
SECRETARY OF STATE
BIVISION OF CORPORATIONS

× 03/02/15

COVER LETTER

TO: New Filing Section Division of Corporations AMR CAPITAL TRADING CORP 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: MARK GIKHER Name of Person AMR CAPITAL TRADING CORP Firm/Company 477 S. ROSEMARY AVENUE SUITE 201 Address WEST PALM BEACH, FL 33401 City/State and Zip code MGIKHER@AMRCAP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK GIKHER Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** New Filing Section **New Filing Section** Division of Corporations Division of Corporations Clifton Building 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 □ \$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.

| | APITAL TRADING CO | | | | |
|----------------------|---|-------------------------|---|-------------|---|
| "Inc.," "Co.," "Co | orp," "Inc," "Co," or "Corp.") | ED, | COMPANT, CORPORATION, | | |
| | DITAL TRADING GO | _ | _ | | |
| | PITAL TRADING CO | | | | |
| ` <u>.</u> | | ame | adopted for the purpose of transacting business in Flori | da) | |
| _{2.} NEW YO | | _{3.} 113484056 | | | |
| | y under the law of which it is incorporated | 1) | (FEI number, if applicable) | • | |
| 4. 04/01/99 |) | _ 5. | PERPETUAL | | |
| (Date | of incorporation) | | (Duration: Year corp. will cease to exist or "perpetua | d") | |
| 6 | | | | | |
| | | | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | | |
| 477 S ROS | · | | 1 WEST PALM BEACH, FL. 33401 | | |
| 7 | (Principal office | | | | |
| 477 S. ROS | , <u>.</u> | | 1 WEST PALM BEACH, FL 33401 | | |
| | (Current mailing | | ······································ | — | , |
| | (| , | , | 55 | ; |
| 8. Name and stree | t address of Florida registered agent: | (P.C | D. Box NOT acceptable) | 83. | • |
| | MARK GIKHER | | | 27 | |
| Name: | | | | 2 | |
| Office Address: | 477 S. ROSEMARY AVENUE, SUI | 1 E 2 | | 75 | |
| | WEST PALM BEACH, FL | - | , Florida 33401 | PM 12: 02 | |
| | (City) | | (Zip code) | ,, | |
| ^ 7 • • • • | nt'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)

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.

| 11. Names and business addresses of officers and/or directors: | , | |
|--|-----------------------------|--|
| A. DIRECTORS | | |
| Chairman: | | |
| Address: | | |
| | | |
| Vice Chairman: | | |
| Address: | | |
| | | |
| Director: | - 5 | <u> </u> |
| Address: | 7 | 560 503 503 503 503 503 503 503 503 503 50 |
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| Director: | <u></u> | 250 037 |
| Address: | <u>0</u> | S TAI |
| | | |
| Address: 713 COTE AZUR DR., PALM BEACH GARDENS, FL | | |
| Vice President: | | |
| Address: | | |
| | | |
| Secretary: | | |
| Address: | | |
| Treasurer: | | |
| Address: | | |
| NOTE: If necessary you may attach an addendum to the application listing additional officers and/or direct | ctors, | |
| 12. Signature of Director or Officer | | |
| The officer or director signing this document (and who is listed in number 12 above) affirms that the facts sare true and that he or she is aware that false information submitted in a document to the Department of Sta a third degree felony as provided for in s.817.155, F.S. MARK GIKHER, PRESIDENT | stated here ite constitu | in ites |

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of AMR CAPITAL TRADING CORP. was filed on 04/01/1999, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



**

15 FEB 27 PM 12: 02

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of February two thousand and fifteen.

Letuting Sicilia

Executive Deputy Secretary of State