

FI 700000 4068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

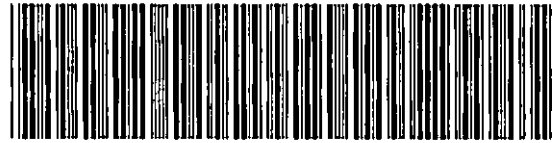
(Document Number)

Certified Copies _____ Certificates of Status _____

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17 SEP 13 AM 8:49
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SEP 13 2017

Y SULKER



CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

409 West Kieffer Road
Michigan City, IN 46360
219-874-1437
FAX 219-874-1438
www.rbccllp.com

August 24, 2017

Ms. Yasemin Y. Sulker
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: AMT Enterprise Inc. Amended Application by Foreign Corporation
for Authorization to Transact Business in Florida
Ref. Number: W17000064527

Dear Ms. Sulker:

Attached, please find our amended application by foreign corporation for authorization to transact business in the state of Florida. We have amended the application to include an alternate corporate name as it is our understanding that A.M.T. Enterprise Inc. is not available in the state.

Please process our amended application as drafted.

Thank you in advance for your assistance with this issue.

Mark Soltys

RECEIVED
2017 AUG 29 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2017 SEP 13 PM 2:39

TALLAHASSEE, FLORIDA

August 30, 2017

ANDREA TAYLOR
2839 ESMERALDA DR
SARASOTA, FL 34243

SUBJECT: A.M.T. ENTERPRISE INC.
Ref. Number: W17000064527

We have received your document for A.M.T. ENTERPRISE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return 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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 817A00016021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.M.T. ENTERPRISE 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:

ANDREA TAYLOR

Name of Person

A.M.T. ENTERPRISE, INC.

Firm/Company

2839 ESMEERALDA DR

Address

SARASOTA FL 34243

City/State and Zip code

chromerestyling@gmail.com

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

For further information concerning this matter, please call:

MARK ROWLEY

219

874-1437

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.

A.M.T ENTERPRISE INC.

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

AMT MEGA CORP

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

2. _____ 3. 27-1708404
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JANUARY 13, 2010 5. _____
(Date of incorporation) (Date of duration, if other than 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. 2839 ESMERALDA DR SARASOTA FL 34243
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ANDREA TAYLOR
Office Address: 2839 ESMERALDA DR
SARASOTA, Florida 34243
(City) (Zip code)

17 SEP 13 AM 8:49
FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

9. 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)

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: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ANDREA TAYLOR

Address: 2839 ESMERALDA DR SARASOTA FL 34243

Vice President: _____

Address: _____

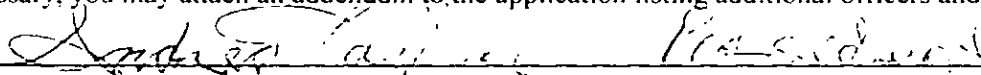
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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



Signature of Director or Officer

I, the officer or director signing this document (and who is listed in number 11 above) affirm 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.

ANDREA TAYLOR

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

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

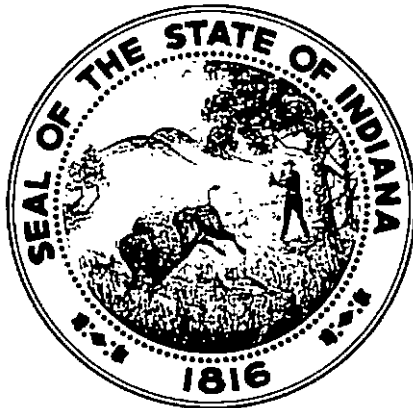
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

A.M.T ENTERPRISE INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 13, 2010, and was in existence or authorized to transact business in the State of Indiana on July 27, 2017.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 27, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2010011300322 / 2017366764

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>