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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

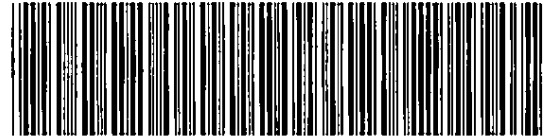
(Document Number)

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S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2019

AMW & ASSOCIATES, INC.
ANN MICHELE WORRALL
PO BOX 2040
PALM BEACH, FL 33480

SUBJECT: AMW & ASSOCIATES, INC.
Ref. Number: W19000022053

We have received your document for AMW & ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 219A00004674

RECEIVED

MAR 25 2019

*Please send confirmation!
Thanks, Ann Worrall*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMW + Associates, 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:

Ann Michele Worrall
Name of Person

AMW + Associates, Inc.
Firm/Company

P.O. Box 2040
Address

Palm Beach, FL 33480
City/State and Zip code

amwassoc@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Michele Worrall at (678) 522-8070
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 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

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1. AMW & Associates, 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. Georgia, USA 3. 58-2304501
(State or county under the law of which it is incorporated) (FEI number, if applicable)

4. 12-2-96 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. ~~226 Australian Avenue Palm Beach, FL 33480~~
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. ~~P.O. Box 2040 Palm Beach, FL 33480~~
(Principal office address)

Principal Office: John Gaughen - Atty 235 Peachtree St. Suite 400
(Current mailing address, if different) Atlanta, GA 30303
current: P.O. Box 2040 Palm Beach, FL 33480

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

Name: Ann Michele Worrall
Office Address: 226 1/2 Australia Avenue # 4

Palm Beach Florida 33480
(City) (Zip code)

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.

Ann Michele Worrall
(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: Ann Michele Worrall

Address: P.O. Box 2040
Palm Beach, FL 33480

Vice Chairman: "

Address: _____

Director: "

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: "

Address: _____

Vice President: "

Address: _____

Secretary: "

Address: _____

Treasurer: "

Address: _____

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Ann Worrall - President

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

Ann Michele Worrall

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

AMW & ASSOCIATES, INC.
a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below 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.

Docket Number : 16935398
Date Inc/Auth/Filed: 12/02/1996
Jurisdiction : Georgia
Print Date : 03/22/2019
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State