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25 September 21 August.

COVER LETTER

TO:	Division of Corporations				
(11.115.4	AMTC RESDENTIAL HOLI	DINGS, LLC			
SUBJ	IECT:Name c	of corporation	- must include suffix		
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stand	ding" and check are sub-		
	return all correspondence concerni hy J. Calise	ng this matter	to the following:		
		Name of I	Person		
AMTO	CResidential Holdings LLC				
	· · · · · · · · · · · · · · · · · · ·	Firm/Com	pany		
422 Ja	cksonville Drive	•	•		
	- -,	Addre	SS		
Jackso	onville Beach, Florida 32250				
-		City/State ar	nd Zip code		
tj.calis	e@homevestors.com				
	E-mail address	: (to be used fo	or future annual report n	otification)	
For fu	rther information concerning this m	atter, please ca	all:		
TJ Cal					
	Name of Person	at (Area Code	Daytime Teleph	none Number	
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee. F	ection orporations 7	
Please	sed is a check for the following amormake check payable to: FLORIDA DI 0.00 Filing Fee S78.75 Filing Certificate of	EPARTMENT g Fee & □	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

AMTC Residential Holdings, LLC

	orp," "lac," "Co," or "Corp,")	"COMPANY," "CORPORATIO)N."
A&T Residentia	d Holdings, LLC		
TEXAS	able in Florida, enter alternate corporate name ac	, , ,	
03/10/2020	y under the law of which it is incorporated) 5		
(Date	of incorporation) 5.	(Date of duration, if other	r than perpetual)
	(SEE SECTIONS 607.1501 & 607.150 Drive, Jacksonville Beach, Florida 32250	e street address)	······································
	(i imeipai oinee	siree address/	
·- <u>-</u>	(Current mailing	address, if different)	
Name and stree	t address of Florida registered agent: (P.O.	Box: NOT accentable)	
Name:	Timothy Calise	<u>root</u> acceptance	
Name:			·· 2
	Timothy Calise 422 Jacksonville Drive Jacksonville Beach, Florida		21 JUL 21 JUL 30 8.8 31 8845
	Timothy Calise 422 Jacksonville Drive Jacksonville Beach, Florida	32250	FILE 21 JUL 21 SERVICE SERVICE
ffice Address: Registered age aving been names ignated in this rther agree to co	Timothy Calise 422 Jacksonville Drive Jacksonville Beach, Florida (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rel	32250 32250 Zip code) Zip code) of process for the above state ent as registered agent and agri	ed corporation at the plane to test to the plane to the plane to the plane to the performance of my a
ffice Address: Registered age laving been names ignated in this arther agree to continue the continue contin	Timothy Calise 422 Jacksonville Drive Jacksonville Beach, Florida (City) ent's acceptance: ed as registered agent and to accept service	32250 32250 Zip code) Zip code) of process for the above state ent as registered agent and agri	学员。 ed corporation at the pla

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.

a. directors	Anthony J. Melino			mothy J. Calise
□Chairman	Name: 3883 Turtle Creck Blvd, T-9			422 Jacksonville Drive
□Vice Chairman	Address:	□Vice Chairman		ville Beach, Florida 32250
■ Director		■ Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐Treasurer	□ Secretary		☐Treasurer
Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name: _	
□Vice Chairman	Address:	∐Vice Chairman	Address	
□Director		Director	-	
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		□Other
□(Thairman	Name:	□Chairman	Name: _	
□Vice Chairman	Address:	□Vice Chairman	Address	S;
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	□ Secretary		□Treasurer
□Other		☐Other		□Other
Important Notice individuals may-	be added to the index when filing your Florida Departition of Direct	or or Officer		
The officer or di she is aware that s.817.155, F.S.	rector signing this document (and who is listed in nur false information submitted in a document to the De	partification state constr	title ti ttili	id digital issue,
13	(Typed or printed name and capacity of p	A N C person signing application	3) // //	THOSELL

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for AMTC Residential Holdings, LLC (file number 803572062), a Domestic Limited Liability Company (LLC), was filed in this office on March 10, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 16, 2021.



Jose A. Esparza Deputy Secretary of State