# F220000004155

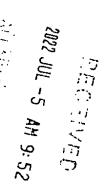
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



900389189769

2022 JUL - S AH 8: 4 I SEARL AREASTE LET ORION



### CT CORP

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Acc#I20160000072

wie SW

07/05/2022

Date:

Name:	AMERGIN ASSET MANAGEMENT HOLDINGS, INC.						
Document #:							
Order #:	14422938						
Certified Copy of Arts & Amend:							
Plain Copy: Certificate of Good Standing:							
Certified Copy of							
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:						
Filing: 🗸	Certified: ✓ Plain: COGS:						
Availability  Document  Examiner  Updater  Verifier  Ref#	Amount: \$ 78.75						

Thank you!

#### **COVER LETTER**

	tration Section ion of Corporations		
SUBJECT:	Amergin Asset Management I	loldings, Inc.	
30131.01.	Name o	Corporation	- must include suffix
Dear Sir or M	adam:		
"Certificate o		of Good Star	Authorization to Transact Business in Florida," ading" and check are submitted to register the ss in Florida.
Please return	all correspondence concernin	g this matter	to the following:
Mark McGreen	nery		
		Name of	Person
Amergin Asset	Management, LLC		
		Firm/Con	ipany
1100 Highland	Drive		
		Addr	ess
Boca Raton, F	lorida 33487		
		City/State a	nd Zip code
mmcgreenery(	yamerginam.com		
	E-mail address:	(to be used	for future annual report notification)
For further in	formation concerning this ma	itter, please o	call:
Jerrold Rosen at (20		201	615-0555
Nam	e of Person	Area Cod	e Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amorack payable to: FLORIDA DE ing Fee	PARTMENT Fee & - [	T OF STATE  □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certified Copy Certified Copy  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.

l	Janagement Holdings, Inc.					
	orporation; must include "INCORPOR. orp," "Inc," "Co." or "Corp.")	ATED," "COMPAN"	r." "CORPORATIO	N,"		
(If name unavaila	ble in Florida, enter alternate corporate	e name adopted for the	purpose of transacti	ng business in Florida)		
Delaware		33	88-2984609			
2. (State or country	under the law of which it is incorpora	nted)	(FEI number, if a	pplicable)		
4. June 23, 2022		5. N/A				
	(Date of incorporation)		5. (Date of duration, if other than perpetual)			
6. N/A						
0	(Date first transacted but (SEE SECTIONS 607.1501 &			lity)		
7 1100 Highland Dr	rive, Boca Raton, Florida 33487					
(Principal office <u>s</u>			ess)	2022 J		
	(Curren	t mailing address, if d	ifferent)			
				5		
8. Name and stree	<u>t address</u> of Florida registered agen	it: (P.O. Box <u>NOT</u>	acceptable)	_ 3 3 11		
Name:	C T Corporation System			M 8: 4		
Office Address:	1200 South Pine Island Road			79. ————————————————————————————————————		
	Plantation	FL	33324			
	(City)	<del></del> ,	(Zip code)			
designated in this further agree to co	nt's acceptance: ed as registered agent and to accep application, I hereby accept the ap omply with the provisions of all sta with and accept the obligations of	ppointment as registatutes relative to the	ered agent and agr proper and comple	ree to act in this capacity. A		
Ī	C T Corporation System  /s	s/ David Westcott,	Assistant Secretar	у 		
_	1000	gent's signature)				
10 Attached is a c	certificate of existence duly authent	icated, not more tha	n 90 days prior to d	lelivery of this application to		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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.

#### DocuSign Envelope ID: 55514E86-79F6-4E35-A91F-21923FB85796 A. DIRECTORS Name: Mark McGreenery Jerrold Rosen Name: \_ □ Chairman □ Chairman 1100 Highland Drive 1100 Highland Drive ☐ Vice Chairman Address: Address: □ Vice Chairman Boca Raton, Florida 33487 Boca Raton, Florida 33487 Director □ Director President DPresident □Vice President ☐ Vice President ☐ Treasurer □ Secretary □ Secretary □Treasurer ■Other \_\_\_ □Other □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: □ Chairman □Chairman Name: \_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: \_\_\_\_\_ Director □ Director □President □President □ Vice President □Vice President \_\_\_\_\_ □ Treasurer □ Secretary ☐ Treasurer □ Secretary □Other \_\_\_\_ ☐ Other □Other\_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □Chairman ☐ Chairman Name: ☐ Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ □ Director □ Director □President □President □ Vice President □ Vice President \_\_ □Treasurer □ Secretary □ Treasurer □ Secretary □Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when tiling yours don't have Department of State Annual Report form. Mark McGreenery 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, E.S.

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

Mark McGreenery

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMERGIN ASSET MANAGEMENT HOLDINGS,

INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE

AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JULY,

A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

6874021 8300

SR# 20222893281

Authentication: 203824514

Date: 07-01-22