(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



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2024 NAS 11 AIIII: C2

MAR 1 2 2024 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 354967 8151727

AUTHORIZATION :

COST LIMIT : \$

ORDER DATE: March 6, 2024

ORDER TIME: 12:03 PM

ORDER NO. : 354967-001

CUSTOMER NO: 8151727

FOREIGN FILINGS

NAME: AMP STRATEGIC INC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

70.00 CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: AMP STRATEGIC IN	IC				
	Name of corporation	on - mu:	st include suffix		
Dear Sir or Madam:					
The enclosed "Application by Forei "Certificate of Existence," or "Certiabove referenced foreign corporation	ificate of Good St	anding"	and check are sub		
Please return all correspondence con Nick Vosburgh	ncerning this matt	er to the	e following:		
AMP Strategic Inc	Name o	of Person	n		
1300 S Miami Ave, Apt 1506	Firm/Co	ompany			
Miami, FL 33130	Add	lress		· · · · · · · · · · · · · · · · · · ·	
nick@ampstrategic.com	City/State	and Zip	code		
E-mail ac	ddress: (to be used	for fut	ure annual report	notification)	
For further information concerning	this matter, please	call:			
Nick Vosburgh	561 at (8019454			
Name of Person	Area Co	ode	Daytime Telep	hone Number	
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	
-	DA DEPARTMEN	□ \$78.	TATE 75 Filing Fee & ified 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.

adopted for the purpose of transacting business in Florida) (FEI number, if applicable) (Date of duration, if other than perpetual) In Florida, if prior to registration) 502, F.S., to determine penalty liability) ice street address) In gaddress, if different) D. Box NOT acceptable)
(FEI number, if applicable) (Date of duration, if other than perpetual) In Florida, if prior to registration) 502, F.S., to determine penalty liability) ice street address)
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502, F.S., to determine penalty liability) ice street address)
ng address, if different)
ng address, if different)
) Box NOT acceptable)
) Box NOT acceptable)
5. Box 1101 acceptable)
32301
, Florida 32301
(Zip code)

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

under the law of which it is incorporated.

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

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
■Director	Miami, FL 33130-4472	□Director					
■ President		President					
□Vice President		□Vice President					
□Secretary	Treasurer	☐ Secretary	Treasurer				
□Other	Other	Other	Other				
□Chairman □Vice Chairman ■Director	Name: Sean Moseley 133 N Cove Dr Address: Ponte Vedra Beach, FL 32082-2569	□Chairman □Vice Chairman □Director	Name:				
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
Other	Other	Other	· DOther				
□ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other	Alachua, FL 32615-3888	□ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other attachment will be imagedrent of State Annual Resident	d for reporting purposes only. Non-indexed				
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							

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 of 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.

Nick Vosburgh, President

Page 1



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

DELAWARE, DO HEREBY CERTIFY "AMP STRATEGIC 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 EIGHTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMP STRATEGIC INC" WAS INCORPORATED ON THE SECOND DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

A CONTRACTOR OF THE PARTY OF TH

Authentication: 202978389

Date: 03-08-24