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PICK-UP WAIT MAIL
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- (Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer
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Office Use Only



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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK UI	P: MISTY 5/6
xx	CERTIFIED COPY	
	РНОТОСОРУ	
XX	CUS	GS
XX	FILING	FOREIGN INC
1.	AMG COMMUNICATIONS CORPORATE NAME AND DOCUME	
2.	(CORPORATE NAME AND DOCUME	NT #)
3.	(CORPORATE NAME AND DOCUME	NΤ #)
4.	(CORPORATE NAME AND DOCUME	NT #)
5.	(CORPORATE NAME AND DOCUME	NT #)
6.	(CORPORATE NAME AND DOCUME	NTC#)
	. INSTRUCTIONS:	

COVER LETTER

TO: Registration Section Division of Corpo	rations			
SUBJECT: AMG Payme	ent Solutions Inc DBA AMG Pa	yment Solutions Inc		
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
"Certificate of Existence,"	by Foreign Corporation for or "Certificate of Good Stan corporation to transact business	ding" and check are subm		
Please return all correspon	dence concerning this matter	to the following:		
Adam Gilinson				
	Name of	Person		
AMG Communications Inc l	DBA AMG Payment Solutions			
	Firm/Com	pany		
252 SW 14th Place				
	Addre	ess		
Boca Raton, FL 33432				
	City/State a	nd Zip code		
Adam@amgpay.com				
	E-mail address: (to be used to	or future annual report no	otification)	
For further information co	ncerning this matter, please o	all:		
Adam Gilinson	at (²⁰²	e) 345-5566 Daytime Teleph		
Name of Person	Area Cod	e Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	o: FLORIDA DEPARTMENT	OF STATE \$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.

, -	orp," "Inc," "Co," or "Corp.")			
AMG Payment	Solutions Inc			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)	
Virginia 54-1		54-1792080		
(State or country under the law of which it is incorporated) (FEI number, if applicable)		icable)		
4-23-2014	5.			
(Date of incorporation) 5. (Date of duration)			, if other than perpetual)	
	(SEE SECTIONS 607.1501 & 607.13	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
60 Market Street,	Suite 221, Gaithersburg MD 20878			
	(Principal off	ice <u>street</u> address)		
252 SW 14th Pla	ice Boca Raton, FL 33432			
	(Current mailir	ng address, if different)	21	
			2024 F.T.Y	
Name and stre	et address of Florida registered agent: (P.C	J. Box <u>NOT</u> acceptable)		
Name:	Adam Gilinson		ر م	
ffice Address:	252 SW 14th Place		<u> </u>	
mice Addiess.	Boca Raton	33432	ů –	
		, Florida (Zip code)	20	
	(City)	(Zip code)		

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 Name: ____ Leslie Gilinson □ Chairman Chairman 252 SW 14th Place 14023 Welland Terrace □Vice Chairman Address: □Vice Chairman Address: 1 Boca Raton, FL 33432 North Potomac, MD 20878 Director Director President ☐ President ☐ Vice President ____ ☐ Vice President ☐ Secretary ☐Treasurer □ Secretary ☐ Treasurer □Other CFO □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 □ Chairman Name: _____ Chairman Name: □Vice Chairman Address: Address: □Vice Chairman Director □ Director ☐ President ☐ President ☐Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary Treasurer □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 filing your Florida Department of State Annual Report form. 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.

· Commontoealtho Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That AMG Communications, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on April 23, 2014;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 2, 2024

Bernard J. Logan, Clerk of the Commission