# FAMOUS 125

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#### **COVER LETTER**

Division of Corporations	
SUBJECT: Ams Group, Inc.	
Name of corpora	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	for Authorization to Transact Business in Florida," Standing" and check are submitted to register the siness in Florida.
Please return all correspondence concerning this ma	atter to the following:
Cassandra Leo	
Name	e of Person
Harbor Compliance	
Firm/C	Company
1830 Colonial Village Ln	
A	ddress
Lancaster, PA 17601	
City/Sta	te and Zip code
cleo@harborcompliance.com	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, please	se call:
Cassandra Leo at (717	) 844-5937
Name of Person Area C	Code 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME  ▼ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	NT OF STATE  □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

	Toup of Florida, Inc.	lopted for the purpose of transacting b	ousiness in Florida)
$ \sqrt{C}$	3. 4	5-2981735	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applied	cable)
06/02/2011	5	(Date of duration, if other than	22
(Date	e of incorporation)	(Date of duration, if other than	n perpetudi)2
	(Date first transacted business in a (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)  2, F.S., to determine penalty liability)	= "
			_, _O ' '
659 S WASH	INGTON, ALEXANDRIA, VA 22314		上当ずり
	(Principal office (Current mailing et address of Florida registered agent: (P.O.	address, if different)	PM 2: 51
Name and <u>stree</u> Name:	(Principal office (Current mailing et address of Florida registered agent: (P.O. Registered Agents Inc	address, if different)	H 2: 51
Name and <u>stree</u> Name:	(Principal office (Current mailing et address of Florida registered agent: (P.O.	Box NOT acceptable)	H 2: 51
Name and stree	(Current mailing et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N STE 300	address, if different)	H 2: 51
Name and street Name: The Address: Registered age wing been name ignated in this ther agree to co	(Principal office (Current mailing et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N STE 300 St. Petersburg	Box NOT acceptable) , Florida 33702, Gip code)  of process for the above stated cont as registered agent and agree to the proper and complete metrics.	rporation at the plan

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

#### A. DIRECTORS Name: Timothy Gale Name: Ian Haley SChairman. Chairman □ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: \_\_\_ □ Director 659 S WASHINGTON 659 S WASHINGTON Director ALEXANDRIA, VA 22314 ALEXANDRIA, VA 22314 ☐ President **⊠**President ☐ Vice President □Vice President ☐ Secretary □Treasurer ☐ Secretary ☐Treasurer □ Other \_\_\_\_\_ □Other □ Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: Brad Stevenson □ Chairman □ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: 659 S WASHINGTON Director □Director ALEXANDRIA, VA 22314 ☐ President □ President □Vice President \_\_\_ □Vice President ☐ Secretary **⊠**Treasurer ☐ Secretary ☐ Treasurer ☐Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ Other\_\_\_\_ Name: \_\_\_\_\_ □ Chairman □ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: Director □ Director □President □President □Vice President \_\_\_\_\_ □ Vice President

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.

☐ Secretary

☐ Other \_\_\_\_\_

□ Treasurer

#### 12. /s/ Brad Stevenson

☐ Secretary

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 Brad Stevenson, Treasurer

□Treasurer

□Other \_\_\_\_\_\_

# Commonbrealthof Hirginia



## State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That AMS Group, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on June 2, 2011;

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:

September 25, 2024

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2024092520817528