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From:

Account Name : RASI 5

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Fax Number : (800)906-9880

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FOREIGN PROFIT/NONPROFIT CORPORATION AMIEE LYNN INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		STATUTES, THE FOLLOWING IS SUBMITTEL BUSINESS IN THE STATE OF FLORIDA.) TO
AMIEE LYNN	INC.		
(Enter name of c	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp,")	" "COMPANY," "CORPORATION,"	u. Lpa a real de la constante
(If name unavail:	able in Florida, outer alternate comprate name	adopted for the purpose of transacting business in F	lorida)
2		03-1100306	
(State or count) 11/13/2002 4.	y under the law of which it is incorporated) 5	65-1160566 (FEI number, if applicable) Perpetual (Date of duration, if other than perpetual)	
Upon Filing			1 The season ser
	-	502, F.S., to determine penalty liability)	
- 1185 Avenue of t 7.	he Americas, 22nd Floor, New York, New York	ork 19936	
	(Princi	pal office aduress)	
	, 1185 Avenue of the Americas, 22nd Floor, 8		
	(Curent mail)	ng address, if different)	
 Name and street 	naddross of Florida registered agent: (P.	O. Box. <u>NOT acceptable</u>)	, or : DE
Name:	Registered Agent Solutions, Inc.		ا د
Office Address:	2894 Remington Green En. Stc. A		6
	Tellahassee	32308 Florida	ار: ا
	(City)	(Zip code)	<i>√</i> 2

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Naomi Ostopowitz: Asst. Sec on behalf of Registered Agent Solutions, Inc.
(Registered agent's signature)

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.

--

 Names and 	I business addresses of officers and/or directors:
DIRECTO	
airman:	en Spolansky
c/o St Iress:	ein Harris, 1185 Avenue of the Americas, 22nd Floor, New York, New York 10035
	Michael Spolansky
c/o St	ein Harris, 1185 Avenue of the Americas, 22nd Floor, New York, New York 10036
•••	
	: G. Harris, Esq.
	Avenue of the Americas, 22nd Floor, New York, New York 10036
ress:	
OFFICERS	
dent: ,	- I de participation de la compansa del la compansa de la compansa
ress:	rin Harris, 1185 Avenue of the Americas, 22nd Floor, New York, New York 10036
_	Michael Spolansky
ess:	in Harris, 1185 Avenue of the Americas, 22nd Floor, New York, New York 10036
	ssary, you may attach an addendum to the application listing additional officers and/or directors.
r: H nece	ssary. You may attach an addendum to the application listing additional officers and/or directors.
	Signature of Director or Officer
ue and that	irector signing this document (and who is listed in number 11 above) affirms that the facts stated herein he for she is aware that false information submitted in a document to the Department of State constitutes flony as provided for in s.817.155, F.S.
Lance G. Ha	eris, Esq. (Typed or printed name and capacity of person signification)
	(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

AMIEE LYNN INC.

DOS ID Number:

2833742

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

11/13/2002

Statement Status:

CURRENT

Statement Due Date:

11/30/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 06, 2024 at 03:37 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C Heylan

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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