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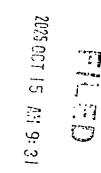
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## **COVER LETTER**

TO: Registratio	on Section f Corporations				
SUBJECT: AM	-				
30D3EC1		of corporation -	- must include suffix		
Dear Sir or Madaır	1;				
"Certificate of Exis		of Good Stand	authorization to Transact ling" and check are subn s in Florida.		
Please return all co	orrespondence concerni	ng this matter	to the following:		
Patrick Martin					
		Name of P	erson		
AMII Holdings, Inc	<b>:</b> .				
		Firm/Comp	pany	<del></del>	
2150 Whitfield Ave					
		Addre	SS		
Sarasota, FL 34243					
		City/State an	d Zip code		
go.ap@globalordna					
	E-mail address	: (to be used fo	or future annual report no	otification)	
For further informa	ation concerning this m	atter, please ca	all:		
Patrick Martin		941 at (	724-9613		
Name of I		Area Code	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			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	k for the following amo payable to: FLORIDA DE See ☐ \$78.75 Filin Certificate o	EPARTMENT g Fee & 🗆	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.

Delaware   3   88-4421250	(If name unavail	able in Florida, enter alternate corporate name a	• •	_	Florida)	
(Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  2150 Whitfield Ave, Sarasota, FL 34243  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John Dilley  2150 Whitfield Ave  2150 Whitfield Ave  Sarasota	Delaware	3.	38-4421250			_
(Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  2150 Whitfield Ave, Sarasota, FL 34243  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John Dilley  2150 Whitfield Ave  2150 Whitfield Ave  Sarasota	(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	plicable)		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  2150 Whitfield Ave, Sarasota, FL 34243  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    John Dilley	12/19/2022					_
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  2150 Whitfield Ave, Sarasota, FL 34243  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    John Dilley	(Date	of incorporation)	(Date of duration, if other	than perpetua	1)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  2150 Whitfield Ave, Sarasota, FL 34243  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    John Dilley						
2150 Whitfield Ave, Sarasota, FL 34243  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    John Dilley				(***)		_
(Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    John Dilley	0150001.6111		2, F.S., to determine penalty habili	ty)		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    John Dilley	2150 Whittield A				•	_
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    John Dilley		(Principal office	e <u>street</u> address)			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    John Dilley			10 100			
Name:    John Dilley   1   20   2150   Whitfield Ave   1   C1		(Current mailing	address, if different)			
Name:    John Dilley   1   20   20   20   20   20   20   20	Name and atra-	and the second Elevidor societared agents (D.C.	Day NOT accountable)			
Sarasota 54243	rvame and <u>stret</u>		nox <u>nor</u> acceptanc)	,	20	
Sarasota 54243	Name:	John Dilley	<del></del>		12.	
Sarasota 34243	ffice Address:	2150 Whitfield Ave		Ĭ	CT	
		Sarasota	34243	:	<u>01</u>	
(Cir) $(Vib conc)$			, Florida	!		
••		(City)	(Zipreode)	•	ڣ	

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.

(Registered agent's signature)

A. DIRECTORS	,	•	
□Chairman	Name: Marc Morales	□Chairman	Name: Carrie Morales
□Vice Chairman	Address: 2150 Whitfield Ave	□Vice Chairman	Address: 2150 Whitfield Ave
■Director	Sarasota, FL 34243	Director	Sarasota, FL 34243
■President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	□Other
□Chairman	John Dilley Name:	□ Chairman	Name: Patrick Martin
	2150 Whitfield Ave	□ Vice Chairman	2150 Whitfield Ave
	Sarasota, FL 34243		Sarasota, FL 34243
Director		□Director	
□President		□President	
□Vice President		□Vice President	
<b>■</b> Secretary	□Treasurer	☐ Secretary	Treasurer
□Other	Other	□Other	□Other
□Chairman	Name:	□ Chairman	Name:
Ul Vice Chairman			. 11
_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address:	□Vice Chairman	Address:
Director	Address:	□Vice Chairman	Address:
			Address:
Director		□Director	
□ Director □ President		□Director □President	
□ Director □ President □ Vice President	□Treasurer	□ Director □ President □ Vice President	□Treasurer
☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	☐ Treasurer ☐ Other  Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department	□Director □President □Vice President □Secretary □Other □chment will be imagedent of State Annual Res	☐Treasurer ☐Other d for reporting purposes only. Non-indexed port form.
☐Director ☐President ☐Vice President ☐Secretary ☐Other	☐ Treasurer ☐ Other Use an attachment to report more than six (6). The atta	☐Director  ☐President  ☐Vice President  ☐Secretary  ☐Other  ☐chment will be imagedent of State Annual Resident	☐Treasurer ☐Otherd for reporting purposes only. Non-indexed

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 \$.817.155, F.S.

13. Patrick Martin, Treasurer

Page 1



I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "AMI1 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 SEVENTH DAY OF OCTOBER, A.D. 2025.

1AYS

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 204975052

C. B. Sancher

Date: 10-07-25