To: Qualification/Tax Lien Section Division of Corporations

SUBJECT: A.M. S. Marketing, Inc.
(Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: A. M. S. Marketing, Inc. (Firm/Company) 7040 W. PAlmetto Bark Rd, BOCK BATON, FL 33433 (City/State/Zip) Should you need to call someone concerning this matter, please call: *****78.75 (Name of Person) at (561) 218-2140

(Area Code & Daytime Telephone Number) STREET ADDRESS: MAILING ADDRESS: Qualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: ☐ \$70.00 Filing Fee \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status 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. A.M. S. MACKETING, INC. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated)

Tuly 23, 1998

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual") 4/1/99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) BOCH BATAN, FL 33433
(Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Alfred M. Schiffin / L.O. AMS. Marketing, Inc.

Office Address: 7040 W. Palmetto Dark Rd, Blog. 4/Surte 572

Bocat Broton, Florida, 33433 10. 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 Tam familiar with and accept the obligations of my position as registered agent.

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: Affred M. Schiffen /L.O. A.M.S. Malleting, Ire. Address: _ 7040 W. PAlmetto Prank Bd, Bldg 4/Suste 572 BOLA BATON, FL 33433 Vice Chairman: Address: Director: Address: Director: Address: _____ B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Affred M. Schiffing / LO. A.M.S. Marketing, Inc. Address: 7040 W. Palmetto Fink Bd Bdg 4/Svite 572 Boung Boton, FL 33433 Vice President: Address: Secretary: Fifted M. Schiffor Address: Treasurer: Altred M. Schiffon Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Chairman, Mice Chairman, or any officer listed in number 12 of the application) 14. Historian. Schiffin | Sole Officer Hud Director

(Typed or printed name and capacity of person signing application)

$State\ of\ Delaware$

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "A.M.S. MARKETING, 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 THIRD DAY OF FEBRUARY,

A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel, Secretary of State

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AUTHENTICATION:

9557208

991044136

DATE:

02-03-99