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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

TED

COVER LETTER

TO: Registration Section Division of Corporations	* ····
SUBJECT: American Manageme	nt Professionals, LLC
Na	ame of Limited Liability Company
	ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this m	natter to the following:
Patrick J. Flynn	
	Name of Person
American Management F	Professionals, LLC
	Firm/Company
5315 A1A South	
	Address
St. Augustine Beach, FL	32080
	City/State and Zip Code
Patrick.Flynn@AMPI	LC.US
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, ple	ease call:
Patrick J. Flynn	at (904) 501-1290
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amo \$125.00 Filing Fee \$130.00 Filing I Certificate of St	unt: Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. American Management Pi	ofessionals, LLC
(Name of Foreign Limited Liabili	ty Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	ne adopted for the purpose of transacting business in Florida and attach a copy of the writtembers adopting the alternate name. The alternate name must include "Limited Liability
2. Delaware	3. 4460575
(Jurisdiction under the law of which for company is organized)	oreign limited liability (FEI number, if applicable)
4. 11/20/2007	_{5.} perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	
(Date first tr (See sections	ransacted business in Florida, if prior to registration.) 608.501 & 608.502 F.S. to determine penalty liability)
7. 614 Raleigh Road Parkw	<i>y</i> ay W
Wilson, NC 27993	
	(Street Address of Principal Office)
8. If limited liability company is a	a manager-managed company, check here 🗸
9. The name and usual business a	ddresses of the managing members or managers are as follows:
Patrick J. Flynn, 5315 A1A	South, St. Augustine Beach, FL 32080
Wayland Parker, 614 Ra	aleigh Road Parkway W, Wilson, NC 27993
•	istence, no more than 90 days old, duly authenticated by the official having custody of records organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ne translator must be submitted.)
11. Nature of business or purpose	s to be conducted or promoted in Florida: Management Consulting
(In accordance with section penalties of perjury that the	Pa member or an authorized representative of a member. 608.408(3), F.S., the execution of this document constitutes an affirmation under the effects stated herein are true. I am aware that any false information submitted in are ment of State constitutes a third degree felony as provided for in s.817459, F.S. Flynn
	Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
American Management Professionals, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Patrick J. Flynn
(Name)
5315 A1A South
Florida Street Address (P.O. Box NOT ACCEPTABLE)
St. Augustine Beach, FL 32080
City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMERICAN MANAGEMENT PROFESSIONALS,

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND

IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF APRIL,

A.D. 2011.

4460575 8300

110429269

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 8705873

DATE: 04-20-11

You may verify this certificate online at corp.delaware.gov/authver.shtml