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1. STATES MAY 2.7 2014

COVER LETTER

Divis	Amware Fulfillment, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Existence, and	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this matter to the following:
	Michael G. Leff, Esq.
	Name of Person
	Sard & Leff, LLC
	3789 Roswell Road
	Address
	Atlanta, GA 30342
	City/State and Zip Code mleff@sardandleff.com E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	ichael G. Leff ,770 ,644-0800
	Name of Contact Person Area Code Daytime Telephone Number
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following amount: 125.00 Filing Fee \$\Bigsize \\$130.00 Filing Fee & \$\Bigsize \\$155.00 Filing Fee & \$\Bigsize \\$160.00 Filing Fee, Certificate of Status \$Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS: IN THE STATE OF FLORIDA:

1. Amware Fulfillment, LLC	
(Name of Foreign Limited Liability Company; must	include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose Liability Company," "L.L.C," or "LLC.")	of transacting business in Florida. The alternate name must include "Limited
_{2.} DE	_{3.} 45-5007613
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
June 15, 2014 (proposed)	
(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior to registration.) 9905, F.S. to determine penalty liability)
5. 4505 Newpoint Place	
Lawrenceville, GA 30043	
•	dress of Principal Office)
_{6.} P.O. Box 5259	
Eagle, CO 81631	
(N	Mailing Address)
7. The name, title or capacity and address of the μ	person(s) who has/have authority to manage is/are:
Mike Beckwith, Comtroller	TACE 14
P.O. Box 5259	AAHAA AAAA
Eagle, CO 81631	
having custody of records in the jurisdiction under	no more than 90 days old, duly authenticated by the official rethe law of which it is organized. (A photocopy is not ge, a translation of the certificate under oath of the translator
huharl	H. Ley
(In accordance with section 605.0203, F.S., the execution of this document	of an authorized person Afforney - in - Fact t constitutes an affirmation under the penalties of perjury that the facts stated herein are timent of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Michael G. Leff F	Sea

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavaila	ble, the alternate to be used in	the state of Florida is:	
2. The nar	ne and the Florida street addre	ess of the registered agent and of	fice are:
	Corporation S	ervice Company	
		(Name)	
	1201 Hays Str	reet	1627
	Florida Street	Address (P.O. Box NOT ACCEPTABLE	
	Tallahassee	32301 FL	HASS C Mary A 19
		City/State/Zip	
liability co registered statutes rea	mpany at the place designated agent and agree to act in this clating to the proper and comple obligations of my position as re	nd to accept service of process for this certificate, I hereby accept apacity. I further agree to compete performance of my duties, and egistered agent as provided for in	t the appointment as ly with the provisions of all d I am familiar with and
	/0	Signature)	

\$ 25.00

\$ 30.00

5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Amware Fulfillment, 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:

Corporation S	ervice Company			
	(Name)	T A S		
1201 Hays Street			MAY	1 4 2 4
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	(A) 1	9	egwath (). 3
Tallahassee	_{FL} 32301			
	City/State/Zip	A GINI	37	488 3·1/2

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 605, Florida Statutes.

Vikki Sacteurn, Assistant Secretary of Corporation Service Company

(Signature)

\$ 100	0.00 F	iling Fee for Application
\$ 25	.00 D	esignation of Registered Agent
\$ 30	.00 C	ertified Copy (optional)
S 5	.00 C	ertificate of Status (ontional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "AMNARE FULFILLMENT 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 TWENTY-EIGHTH DAY OF APRIL, A.D. 2014.

14 HAY 19 KHIII: 37
SEGNCIAN SEEL FLORIDA

5129894 8300

140527040

AUTHENTY CATION: 1326730

DATE: 04-28-14

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