# M14000008054

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT .	MAIL
(Bu	isiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
y.	Office Use Onl	y



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SECRLIARY OF STATE
ALLARYSEF FLODINA

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#### COVER LETTER

	stration Section sion of Corporations	
SUBJECT: A	AMH PGA LLC	
	Name of Limited Liability Company	
	"Application by Foreign Limited Liability Company for Authorization to Transact Bu I check are submitted to register the above referenced foreign limited liability compar	
Please return all	all correspondence concerning this matter to the following:	
	Joe Miller	
	Name of Person	
	AMH PGA LLC	
	Firm/Company	
	33 Lockwood Drive	
	Address	
	Charleston, SC 29401	
	City/State and Zip Code	,
	rm@atlanticmarinaholdings.com	
-	E-mail address: (to be used for future annual report notification)	<u></u>
For further inform	ormation concerning this matter, please call:	
Rel	ebecca McMenemy at 843 576-249	9 ext 233
<del>- , , · , .</del>		ephone Number
Division Registra P.O. Bo	LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
		0.00 Filing Fee, Certificate 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. AMH PGA LLC	•
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I	.LC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LLC.")	e must include "Limited
<sub>2.</sub> South Carolina <sub>3.</sub> 47-2182353	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)	
4. (Date first transacted business in Florida, if prior to registration.)	77
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 33 Lockwood Drive	STO TO
Charleston, SC 29401	75 62
(Street Address of Principal Office)  6. 33 Lockwood Drive	SP OF
Charleston, SC 29401	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to mar	nage is/are:
Joe Miller, Manager	
33 Lockwood Drive	
Charleston, SC 29401	<del></del>
8. Attached is an original certificate of existence, no more than 90 days old, duly authentic having custody of records in the jurisdiction under the law of which it is organized. (A pheacceptable. If the certificate is in a foreign language, a translation of the certificate under commust be submitted)  Signature of an authorized person  (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury tham aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided	otocopy is not oath of the translator  at the facts stated herein are true. I
Joe Miller	

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.

1.	The name	of the	Limited	Liability	Company	is:

#### **AMH PGA 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:

#### REGISTERED AGENTS INC.

(Name)

#### 3030 N. Rocky Point Dr., STE 150A

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tampa 33607

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 605, Florida Statutes.

Bill Havre - President

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# The State of South Carolina



### Office of Secretary of State Mark Hammond

#### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

AMH PGA, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on October 14th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 14th day of October, 2014.

Mark Hammond, Secretary of State