M16000001449

(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
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•	•	•		
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Certified Copies	Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:			





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16 FEB 22 PH 3: 37
SECRETARY OF STATE

LEB 22 2006 J. HARRIS

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	MNE Holdings 1	LC, ESTIC	82
			nsact Business in Florida," Certificate of company to transact business in Florida
Please return all corres	AMNG Hola	following: ame of Person irm/Company Address	Serils 2
_ <i></i> /	apple 7676	tate and Zip Code MO: d for future annual report not	ification)
For further information	Name of Contact Person	_at (<u>712</u>) <u>40</u>	100-1634 time Telephone Number
MAILING A Division of C Registration S P.O. Box 632 Tallahassee, I	forporations Section 7	Division o Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301
Enclosed is a check fo ☐ \$125.00 Fi	r the following aprount: ling Fee 5/\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2016

AJAY GRYAL 1553 SW LOREDO ST PALM CITY, FL 34990

SUBJECT: AMNG HOLDINGS LLC, SERIES 2

Ref. Number: W16000007642

16 FEB 22 PM 3: 37
SECRETARY OF STATE

We have received your document for AMNG HOLDINGS LLC, SERIES 2 and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 016A00002300

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

IN COMPLIANCE WITH SECTION GOSONOL PLOKIDA STATUTES, THE POILTOWING IS SUBMITTED TO REGISTER A PA COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLORIDA: A MN 6	OREIGN LE	MHED	LABILITY
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "!	J.C.")		
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.")	must includ	le "Limi	ted
2 Pelleware 3 36 1711 280	∑ c.	20	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized),	> 76	19	(J .)
1/20/16	三 []	83	771
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)		22	O IJi
5 1553 SW Karldo ST		P	nager .
Palm City FC 31990	LORI		Trans. For a
(Street Address of Principal Office)	(III) ! "	59	
(Mailing Address)			
7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable)			
D'un Carled	No.		
Name: Met Cheyal			months of the
Office Address: 1995 500 (AMA)	姜魚	8 2	ALEXANDER
Salm (144 FL 301791), Florida (Zip code)	公 室	N	Latin mana
Registered agent's acceptance:	in 😩	2	
Having bee <mark>n named as registered agent and t</mark> o accept service of process for the above stated limited liabili designated in this application, I hereby accept the oppointment as registered agent and agree to act in this			
to complywith the provisions of all staty of relative the proper and complete performance of my duties,	and Birly	amilia	with and
accept the obligations of my position as registered there.	Jan		
- CAFTO			
(Registered agent's signature)			
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:			
Ajay Goyal, Manager			
1553 5W Laredo 54			
Palm City, FL 34990	-,		
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having c jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of of the translator must be submitted)	ustody of r the certific	ecords ate und	in the er oath
1 WILLIAM			
Signature of an authorized person			
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any submitted in a document to the Department of state constitutes a third degree felony as provided for in s.817.1	false inforr 55, F.S.	nation	
Transfer printed name of signer			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AMNG HOLDINGS, 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 FOURTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "AMING HOLDINGS, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 201778927

Date: 02-04-16

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