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SECRETARY OF STATE
ALLAHASSEF F. STATE

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## **COVER LETTER**

TO:		ntion Section of Corporation	s				
SUBJE		POLOGY, LLC					
	<u> </u>		Name of L	imited Liability C	Company		
The end Existen	closed "Ap	oplication by Fore eck are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza nced foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busine	Certificate of ess in Florida
Please	return all c	orrespondence c	oncerning this matter to the f	following:			
		Michael D. Log	an				
		. <del>-</del>	Na	me of Person			
		Logan & Assoc	iates, Inc.				
	Firm/Company						
		40 Vreeland Av	enue Suite 107				
	Address						
		Totowa, NJ 075	112				
			City/St	ate and Zip Code			
	I	michael.logan@a	mpology.com				
	_		E-mail address: (to be used	for future annual	report not	ification)	
For fur	ther inforn	nation concerning	this matter, please call:				
	Michael	D. Logan		973 at (	812-16	16	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Box	of Corporations tion Section x 6327 see, FL 32314			Division of Registrati Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose		ck for the follow 00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

## 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:

(Name of Fore	eign Limited Liability Company: must	include "Limited Lia	ibility Company,""L.L.C.," or	r"LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,"	Iternate name adopted for the purpose or "LLC.")	of transacting busines	ss in Florida. The alternate na	me must include "Limited
2 Delaware		3 81-3940876		
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicable	9)
4. October 1, 2016	(D. C. )	Ti- Pi-id- (P-i-A		_
	(Date first transacted business (See sections 605.0904 & 605.0	s in Florida, if prior to 1905, F.S. to determin	e penalty liability)	
5. 1 Bridge Plaza North	Suite 475			<b></b>
Fort Lee, New Jersey	07024 (Street Address of Pr	incinal Office)	·	2016 MON 10 T
∠ 1 Bridge Plaza North S	· ·	meipai Office)		器 2 二
6. Thrage Fraza Herri			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · ·
Fort Lee, New Jersey				一篇之
	(Mailing A	ddress)		FISTER
7. Name and street addres	ss of Florida registered agent: (P.C	). Box NOT accept	table)	28
Name:	Jerry Stone			
Office Address:	169 Fiesta Way			
	Fort Lauderdale		, Florida <sup>33301</sup>	
	(City)		(Zip code)	_
designated in this applicate to complywith the provision	gistered agent and to accept servi- tion, I hereby accept the appointn ons of all statutes relative to the p my position as registered agent.  (Register	nent as registered a	agent and agree to act in the eperformance of my dutie	his capacity. I further agree
8. The name, title or capa	where the person(s) where the person(s) where the person is a second control of the person in the person in the person is a second control of the person in the person in the person is a second control of the person in the person in the person in the person is a second control of the person in th	who has/have autho	rity to manage is/are:	
Jerry Stone, Managing M	ember			
160 E' . W'				
169 Fiesta Way				
Fort Lauderdale, Florida 3	33301		<del></del>	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jerry Stone, Managing Member

Page 1



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

DELAWARE, DO HEREBY CERTIFY "AMPOLOGY, 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 SEVENTH DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMPOLOGY, LLC"

WAS FORMED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2016.

2016 NOV 10 PH TO 28

SECRETARY OF STATE

SECRETARY OF STATE

Authentication: 203290569

Date: 11-07-16

6160407 8300 SR# 20166522886