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### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	Heritage AMC, LLC				
SOBJI	Name of Limited Liability Company				
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida,				
Please	eturn all correspondence concerning this matter to the following:				
	Janell Wilcox				
	Name of Person				
	Heritage AMC, LLC				
Firm/Company					
	6373 N Jean Nicolet Road, Suite 201				
	Address				
	Milwaukee, WI 53217				
City/State and Zip Code					
accounting@heritageamc.com					
	E-mail address: (to be used for future annual report notification)				
For fur	her information concerning this matter, please call:				
	Janell Wilcox 414 292-1642 at ( )				
	Name of Contact Person Area Code Daytime Telephone Number				
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				
Enclos	d is a check for the following amount:  □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate  Certificate of Status  Certified Copy  □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, 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. Heritage AMC, LLC		
(Name of Fore	ign Limited Liability Company; must include "Limited Liability Company,"	"L.L.C.," or "LLC.")
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting business in Florida. The a or "LLC.")	alternate name must include "Limited
2. Wisconsin	3. 81-2663516	
	of which foreign limited liability (FEI number, i	f applicable)
4. NA		
5. 6373 N. Jean Nicolet R	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) coad, Suite 201	
Milwaukee, WI 53217		
· · · · · · · · · · · · · · · · · · ·	(Street Address of Principal Office)	
6. 6373 N. Jean Nicolet Re	oad, Suite 201	And the state of t
Milwaukee, WI 53217		17 JHI 10 AHII: 36
	(Mailing Address)	A III 36
7. Name and street address	s of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Corporation Service Company		8
1201 Have Street		
Office Address:		
	$\frac{\text{Tallahassee}}{\text{(City)}}, \text{Florida} \frac{3230}{\text{(Z)}}$	ip code)
designated in this applicat to complywith the provisio		imited liability company at the place to act in this capacity. I further agree f my duties, and I am familiar with an
8. The name, title or capa-	city and address of the person(s) who has/have authority to manage is	/are:
William Druck - President		
Craig Silverman - Vice Pro	esident	
Barry Pittelman - Manager	r	
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly authenticated by the office of which it is organized. (If the certificate is in a foreign language, a trabmitted)  Signature of an authorized person	cial having custody of records in the canslation of the certificate under oath
This document is executed	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aw	are that any false information

Typed or printed name of signee

William J. Druck

## United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

#### HERITAGE AMC, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is March 10, 2008.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on December 14, 2016.

MARY ANN MCCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 190507-71126D72