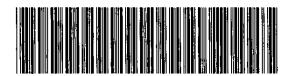
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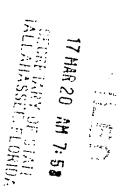
(Re	questor's Name)					
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nar	ne)				
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
		1				
	<u>.</u>					

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2017

CRAIG GEMMILL 8621 CHASE DR CHAGRIN FALLS, OH 44023

SUBJECT: AMETG LLC

Ref. Number: W17000017518

2017 HAR 20 PH 3: 2

We have received your document for AMETG LLC 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.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 517A00003938

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	18					
SUBJECT:	AMETG LLC						
ocoure r.	Name of Limited Liability Company						
					nsact Business in Florida," Ce company to transact business		
Please return	all correspondence of	concerning this matter to the t	following:				
	Craig Gemmill	, Member					
	Name of Person						
	CG Alex, LLC dba AMETG LLC						
	Firm/Company						
	8621 Chase Drive						
Address							
	Chagrin Falls, OH 44023						
City/State and Zip Code							
	info@	ameta, com					
		e-mail address: (to be used	for future annual	report not	ification)		
For further in		g this matter, please call:					
Cra	nig Gemmill		440 at (338-628	38		
_ _	Name o	of Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301		of Corporations on Section uilding cutive Center Circle			
	a check for the follow \$125.00 Filing Fee	ring amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate	

APPLICATION BY FOREIGN LIMITED ŁIABILITY 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 AMETG LLC	JSINESS IN THE STATE OF FLORIDA						
(Name of Fore	eign Limited Liability Company; mus	st inclu	de "Limited Lia	hility Company," "L.L.C.,	" or "LLC.")		_
Liability Company," "L.L.C."	Iternate name adopted for the purpose or "LLC.")	e of tra		s in Florida. The alternate	name must in	clude "l	Limited
2. Ohio	-C1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	3.	20-0834550	(5)	11.		
company is organized)	of which foreign limited liability			(FEI number, if applied	ible)		
4. 02/13/2017							
	(Date first transacted busine (See sections 605,0904 & 605	ss in F .0905.	lorida, if prior to F.S. to determin	registration.) e penalty liability)			
5. 8621 Chase Drive		·					
Chagrin Falls OH 4402	23						
	(Street Address of I	rincip	al Office)				
6. 8621 Chase Drive					(7)	17	l I
Chagrin Falls OH 4402	23					MAR	
	(Mailing	Addres	s)		— SS	20	n ne enge n destre e
7. Name and street address	ss of Florida registered agent: (P.	O. Bo	x NOT accept	able)		200	37.5-4
Name:	Craig Gemmill		· ·	_	7 51	AH 7:	Erone-
Office Address:	c/o B Dudley 2597 Merry Lanc			_		€7 %∂	May year
	Titusville			_ , Florida ³²⁷⁹⁶			
	(City)			(Zip code)		
designated in this applica to complywith the provisi	egistered agent and to accept servition, I hereby accept the appoint ions of all statutes relative to the my position as registered agent/	prope	as registered a r and complete	gent and agree to act in performance of my di	n this capaci	ty. I fu	irther agree
	(Regist	ered a	gent's signature)				
8. The name, title or capa Craig Gemmill, Member	acity and address of the person(s)	who l	nas/have author	rity to manage is/are:			
8621 Chase Drive						_	
Chagrin Falls OH 44023						_	
9. Attached is a certificate jurisdiction under the law of the translator must be st	- Craix &	ertific.	, duly authenti- ate is in a forei	gn language, a translatio	ing custody on of the cert	of reco	rds in the under oath
This document is executed submitted in a document to	d in accordance with section 605.0 the Department of State constitution (PAG GEHH	ites a t	1) (b), Florida hird degree fel	Statutes. I am aware that ony as provided for in s.	t any false in 817.155, F.S	formati I.	on

Typed or printed name of signee

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show a Report of Use of Fictitious Name of AMETG LLC, Registration Number 3960309, filed in this office on November 15, 2016, filed by Cg Alex, Llc, 8621 Chase Drive, Chagrin Falls, OH 44023, under article 1329.01 of the Ohio Revised Code, and is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 15th day of March, A.D. 2017.

Ohio Secretary of State

Ion Hastel

Validation Number: 201707402268