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| (Requestor's Name) | | | | | | | |
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| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2017

THOMAS C WALSER WALSER LAW FIRM 4800 N FEDERAL HWY STE 108D BOCA RATON, FL 33431

SUBJECT: AMATOR, LLC Ref. Number: W17000036255



We have received your document for AMATOR, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 617A00008261

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMATOR, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Thomas C. Walser

Name of Person

Walser Law Firm

Firm/Company

4800 N. Federal Hwy., Ste 108D

Address

Boca Raton, FL 33431

City/State and Zip Code

ehoward@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika Howard

__,561

750-1040

Name of Contact Person

Area Code

Daytime 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 Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

\$160.00 Filing Fee, Certificate of 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | AMATOR, LLC | Limited Liability Company, must include "Limite | od Ciebilii | v Company WHI L C Wor WII C W | | |
|------------|---|---|--|--|---|--|
| | (rania or rough | Chines Cabinty Company, mass mender Comme | 4 14001111 | y company, seeds, or seed, y | | |
| (If n | emo unavailablo, onter alternato r | same adopted for the purpose of transacting business in Flo | rids. The s | lternate name must include "Limited Liab | ility Company," "L.L.C," or "LLC.") | |
| 2[| DELAWARE | | 3. | 27-0077404 | | |
| | (Jurisdiction under the law of w | hich foreign limited liability company is organized) | | (FEI numb | er, if applicable) | |
| 4. | | | | | | |
| | | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi | registration ine penalty | L) liability) | | |
| 5. | 3420 S. Ocean Blvd | d., Apt. 10T | 6. | 3420 S. Ocean Blvd., Ap | pt. 10T | |
| | (Street Address of Highland Beach, FL | | (Mailing Address) Highland Beach, FL 33487 | | | |
| | riigilialiu beaci, re | . 33467 | | nigilialid Beach, FE 334 | - | |
| 7. | Name and street addres | ss of Florida registered agent: (P.O. Box | NOT: | acceptable) | | |
| | Name: | THOMAS C. WALSER, ESQ. | | • • | - <u>-</u> - | |
| | Office Address: | 4800 N. Federal Hwy., Ste 108D | | | APR | |
| | V | Boca Raton, FL | | , Florida 33431 (Zip code | R 2 | |
| | gistered agent's accep | (City) | - | (Zip code |) | |
| ane | i accept the obligation | s of my position as registered agent. Thomas C. Walser | | | 0 - | |
| | | (Registered agent's | signature) | | | |
| 8. | The name, title or cape Title or Capacity: | acity and address of the person(s) who ha | | authority to manage is/are: | Name and Address: | |
| | Member | Douglas Brennan | | | | |
| | | | | | | |
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| • | se attachments if neces | •• | | | | |
| juri | Attached is a certificate sdiction under the law he translator must be so | | e is in a | foreign language, a translati | ving custody of records in the on of the certificate under oath | |
| | | Constant. | 2/2 | rized nerson | | |
| 10. sub | This document is exec | uted in accordance with section 605.0203 to the Department of State constitutes a thi | 3 (1) (b) | , Florida Statutes. I am aware | that any false information .817.155, F.S. | |
| - | | Pouces L. | | | | |

Typed or printed name of signoc

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMATOR 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 TWENTY-FIFTH DAY OF MAY, A.D. 2017.

You may verify this certificate online at corp.delaware.gov/authver.shtml

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SR# 20173992218

Authentication: 202600964

Date: 05-25-17

State Of Delaware

Entity Details

4/15/2017 5:47:56AM

File Number: 3757726

Incorporation Date / Formation Date: 1/28/2004

Entity Name: AMATOR LLC

Entity Kind: Limited Liability Company

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 4/15/2017

Registered Agent Information

Name: THE CORPORATION TRUST COMPANY

Address: CORPORATION TRUST CENTER

City: WILMINGTON

Country:

State: DE

Postal Code: 19801

Phone: 302-658-7581

SECRETARY OF WATE OF AULAHASSEE, FLORIDA