

MAR/28/2018/WED 11:12 AM

3/28/2018

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FAX No.

P. 001

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC  
Account Number : I201200000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: documents@incorp.com

Foreign Limited Liability Company  
AM RE SYNDICATE LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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J. LEGGETT  
MAR 29 2018

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## COVER LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: AM RE SYNDICATE 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:

Megan Bessey

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Megan Bessey for InCorp Services, Inc. at ( 800 ) 246-2677

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

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. AM RE SYNDICATE LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

## 2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

## 3. 46-4572077

(FEI number, if applicable)

## 4. 2/14/2018

(Date first transacted business in Florida, if prior to registration;  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

## 5. 55 Broad Street, 9th floor

(Street Address of Principal Office)

New York, NY 10004

## 6. 55 Broad Street, 9th floor

(Mailing Address)

New York, NY 10004

## 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

(City)

Florida 33470

(Zip code)

## Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place  
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree  
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with  
and accept the obligations of my position as registered agent.

Megan Bessey

(Registered agent's signature)

Megan Bessey on behalf of InCorp Services, Inc.

## 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

## Title or Capacity:

## Name and Address:

## Title or Capacity:

## Name and Address:

Managing Member

Simon Bardor

55 Broad Street, 9th floor  
New York, NY 10004

Managing Member

Shevawn Bardor

55 Broad Street, 9th Floor  
New York, NY 10004

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the  
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath  
of the translator must be submitted)10. 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.

Shevawn Bardor

Signature of an authorized person

Shevawn Bardor

Typed or printed name of signatory

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**State of New York**  
**Department of State** } ss:

I hereby certify, that AM RE SYNDICATE LLC a NEW YORK Limited Liability Company Filed Articles of Organization pursuant to the Limited Liability Company Law on 01/17/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 12th day of March two  
thousand and eighteen.*

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

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