(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
. (Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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T GLASS JAN 1 3 2020 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 128468 7186304

AUTHORIZATION

COST LIMIT : (\$ 125.00

ORDER DATE: January 9, 2020

ORDER TIME : 9:45 AM

ORDER NO. : 128468-065

CUSTOMER NO: 7186304

FOREIGN FILINGS

NAME: AMAZON.COM SERVICES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:



2020 J. II 10 KF 10: 37

COVER LETTER

BJECT: _	Name of L	imited Liability Company
enclosed stence, and	"Application by Foreign Limited Liability Compa d check are submitted to register the above referen	any for Authorization to Transact Business in Florida," onced foreign limited liability company to transact busine
ise return a	all correspondence concerning this matter to the fo	ollowing:
	Debra Yang	
	Nar	me of Person
	Amazon.com, Inc.	
	Fire	m/Company
	410 Terry Avenue North	
		Address
	Scattle, WA 98109	
	City/Sta	ate and Zip Code
	us-subsidiaries@amazon.com	
	E-mail address: (to be used	for future annual report notification)
further inf	ormation concerning this matter, please call:	
		at ()
	Name of Contact Person	Area Codc Daytime Telephone Number
Divis Regis P.O.	LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 ITABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting bissiness in Fig	rida. The alterr	uste name must include "Limited Liability Co	rnpany," "L. L.C," or "L1	
Delaware		82-0544687			
(Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEI number, if app	mber, if applicable)	
_	(Dute first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration.) ine penalty hab	ility)		
410 Terry Avenue North		6 4	10 Terry Avenue North		
(Street Address of	Principal Office)	U	(Mailing Address)	_	
Seattle, WA 98109		S	eattle, WA 98109	202	
			_		
				. 0	
Name and <u>street addres</u>	is of Florida registered agent: (P.O. Box	NOT acc	eptable)		
Name:	Corporation Service Company			ŷ: 37	
Office Address:	1201 Hays Street				
	Tallahassee		32301 Florida		
	(City)	-	(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.

Corporation Service Company

(Refresed persist simples)

(Refresed persist simples)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Michael D. Deal Amazon.com Sales, Inc. Manager Manager Manager 410 Terry Avenue North 410 Terry Avenue North Address: Member Seattle, WA 98109 Seattle, WA 98109 ■Authorized Authorized Person Person Other_ Other____ Other Other___ Name: _____ Manager Manager Name: Member Address: Member | Address: __Authorized Authorized Person Person Other_ Other____ Other_ Other Manager Name: _____ Manager Manager Name: Member Address: _____ Member Address: Authorized Authorized Person Person Other_ Other____ Other_ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Signature of an authorized person

Typed or printed name of signee

Michael D. Deal



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

DELAWARE, DO HEREBY CERTIFY "AMAZON.COM SERVICES 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 TENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMAZON.COM SERVICES LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

20 JAN 10 AH 10: 37

Authentication: 202161025

Date: 01-10-20