Florida Department of State Divisida of Conoras ins Electrons Siling and U.S.

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000150580 3)))



H200001505803ABCV

			SEURET TALLIGITA
To:			
	Division of Co	rporations	SS SS
	Fax Number	: (850)617-6383	ENT Mo
From:			
	Account Name	: CAPITOL SERVICES,	INC. SS
	Account Number	. 1201000001	6 H
	Phone	: (855)498-5500	.⊳``
	Fax Number	: (800) 432-3622	

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

Email	Address:				

Foreign Limited Liability Company AMNL ASSET COMPANY 1 LLC

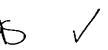
Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

PRECIENCED AND 1:1

Electronic Filing Menu

Corporate Filing Menu

Help



:,

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. AMNL Asset Company 1 LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C." or "LLC.") (If came unwallable, criter alternate name adopted for the purpose of mensacting business in Plorida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable) 4. N/A (Dute first minuscried buriness in Plorida, if prior to regumentors) (Nee sections 603.6904 & 603.6905, F.S. to determine penalty liability) 5. 5001 Plaza on the Lake, Suite 200 (Stored Address of Phincipal Office) Austin, TX 78746 Austin, TX 78746 Austin, TX 78746 Park Avenue 2nd Fl Tallahassee (City) Florida 32301 (City code)		ITON 605.0902, FLORIDA STATUTES, THE FOLLS ISINESS IN THE STATE OF FLORIDA:	OWING IS	SUBMITTED TO REGI	57 ER A FO	REIGN	LIMITED LIABILTI
(If name unavailable, enter alternate name adopted for the purpose of manacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.") 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable) 4. N/A (Date first manacted business in Florida, if prier to registration.) (New sections 695,0904 & 605,0905, F.S. to determine penalty liability) 5. 5001 Plaza on the Lake, Suite 200 (Street Address of Principal Office) Austin, TX 78746 Austin, TX 78746 Austin, TX 78746 Name: Capitol Corporate Services, Inc. Office Address: 515 East Park Avenue 2nd FI	1	AMNL Asset Company 1 Ll	_C	nany""I C " or "II C	. "\	_	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 4. N/A (Date first transacted business in Florida, if prior to registration.) (New sections 605,0904 & 603,0905, F.S. to determine penalty liability) 5. 5001 Plaza on the Lake, Suite 200 (Stored Address of Principal Office) Austin, TX 78746 Austin, TX 78746 Austin, TX 78746 Austin, TX 78746 Capitol Corporate Services, Inc. Office Address: 515 East Park Avenue 2nd FI	(Name of Foreign	Tamined Dabinty Company, must include Emined Est	omy com	pany, o.c.o., or rain	·· /		
(Jurisdiction under the law of which foreign limited liability company is organized) 4. N/A (Date first managered business in Florida, if prior to registration.) (See sections 605,0904 & 605 0905, F.S. to determine penalty liability) 5. 5001 Plaza on the Lake, Suite 200 (Street Address of Principal Office) Austin, TX 78746 Austin, TX 78746 Austin, TX 78746 Name: Capitol Corporate Services, Inc. Office Address: 515 East Park Avenue 2nd Fl	(If name unavailable, enter alternate ra	ame adopted for the purpose of transacting business in Florida.	The alternate	name must include "Limited	Liability Comp	asy," "Li	L.C," or "LLC.")
4. N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5. 5001 Plaza on the Lake, Suite 200 (Street Address of Principal Office) Austin, TX 78746 Austin, TX 78746 Austin, TX 78746 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Capitol Corporate Services, Inc. Office Address: 515 East Park Avenue 2nd FI	_{2.} Delaware	_	3				
(Street Address of Principal Office) Austin, TX 78746 Name: Capitol Corporate Services, Inc. (Street Address: Capitol Corporate Services, Inc. Office Address: Capitol Corporate Services, Inc. (Street Address: Capitol Corporate Services, Inc. Office Address: Capitol Corporate Services, Inc.	(Jurisdiction under the law of wh	nich foreign limited liability company is organized)		(FEI n	umber, if appli	cable)	
5. 5001 Plaza on the Lake, Suite 200 (Street Address of Principal Office) Austin, TX 78746 Fig. 5001 Plaza on the Lake, Suite 200 (Mailing Address) Austin, TX 78746 Fig. 5001 Plaza on the Lake, Suite 200 (Mailing Address) Austin, TX 78746 Fig. 5001 Plaza on the Lake, Suite 200 (Mailing Address) Austin, TX 78746 Fig. 5001 Plaza on the Lake, Suite 200 (Mailing Address) Austin, TX 78746 Fig. 5001 Plaza on the Lake, Suite 200 (Mailing Address) Austin, TX 78746 Fig. 5001 Plaza on the Lake, Suite 200 (Mailing Address) Austin, TX 78746 Fig. 5001 Plaza on the Lake, Suite 200 (Mailing Address) Fig. 700 Fig.	4. N/A						
Austin, TX 78746 Austin, TX 7		(Date first transacted business in Florida, if prior to regist (See sections 605,0904 & 605 0905, F.S. to determine pe	ration.) maity liability)	TAIS	207	
Austin, TX 78746 Fig. 2 Fig. 2 Fig. 2 Fig. 3 Fig. 4			6. 500	1 Plaza on the	Láke, S	uile 2	200
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Capitol Corporate Services, Inc. Office Address: 515 East Park Avenue 2nd Fl	(Street Address of F	Principal Office)		(Stating)	ASS	72	atraces .
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Capitol Corporate Services, Inc. Office Address: 515 East Park Avenue 2nd Fl	Austin, TX 78746	<u> </u>	Aus	stin, TX 78746			- 1
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Capitol Corporate Services, Inc. Office Address: 515 East Park Avenue 2nd Fl					FLOI		\Box
Name: Capitol Corporate Services, Inc. Office Address: 515 East Park Avenue 2nd Fl					A GIL	ţ.	
Office Address: 515 East Park Avenue 2nd FI	7. Name and street address	ss of Florida registered agent: (P.O. Box No.	OT accep	otable)			
Office Address: 515 East Park Avenue 2nd FI		O vital O varianta Considera los					
Office Address.	Name:	Capitol Corporate Services, Inc.		_			
Tallahassee , Florida 32301 (City) (City)	Office Address:	515 East Park Avenue 2nd Fl					
(City) (Zip code)	·	Tallahassee		Florida 32301			
				, i Rollda(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 pla	Registered agent's accep	otance:	ress for t	he above stated limi	ted liabili	tv comi	oany at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi	designated in this applica	ution. I hereby accept the appointment as re	gistered	agent and agree to (act in this	capaci	ty. I further agr
and accept the obligations of my position as registered agent.	and accept the obligation	sof my position as registered agent.	a compr				
Kim Tadlock, Asst. Secretary on behalf		V. X II L					
(Registered agent's signature)			iare)	of Capitol Cor	porate S	servio	es, inc.

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]:

litle or Capacity:	Name and Address:	Title or Capacity:	Name and Address
Manager	Name: AMNL Equity Owner LLC		Name:
⊠Member	Address: 5001 Plaza on the Lake, S-200	Member	Address:
Authorized	Austin, TX 78746	Muthorized	2020 TNL
Person		Person	TE P
Other	Other	Other	
			SECOND PR
Manager	Name:	Manager	Name: FS I
Member	Address:	Member	Address: P
. Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
r			
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. Non-indexed individuals may be added to the index when filling 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 faise information submitted in a document to the Department of State constitutes a third degree felony as provided for in s:817.155, F.S.

Joseph V. Gatti, Vice President and Secretary

Typed or privided manne of signee

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMNL ASSET COMPANY 1 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 TWENTIETH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMNL ASSET COMPANY 1 LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE CHEEN ASSESSED TO DATE.

7965785 8300 SR# 20204251179

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

- YMSQC

Authentication: 202963251

Date: 05-20-20