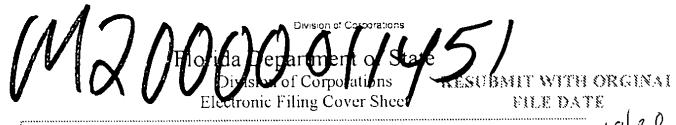
12/10/2020



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

\*\*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 AM TRACE LLC

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## COVER LETTER

BOIDET.	AM Trace LLC		
OBJECT: _	Name	of Limited Liability Company	•
he enclosed " xistence, and	Application by Foreign Limited Liability Coheck are submitted to register the above t	Company for Authorization to Transact Business in Florida, eferenced foreign limited liability company to transact busi	" Certific iness in F
lease return a	ll correspondence concerning this matter to	the following:	
	Daniel Gabriel		
		Name of Person	-
	AM Trace LLC		
		Firm/Company	-
	4201 wilson Blvd # 110365		
		Address	•
	Arlington, VA 22203		
		tv/State and Zip Code	_
	dan@am-trace.co		~
		used for future annual report notification)	7,711,72
C inc	ormation concerning this matter, please cal		
			CJ
Dan Gab	iel riel	571 225-9854 at ()	
-	Name of Contact Person	at (	F: 3: 73
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address:	<b>;</b>
		Registration Section	
		Division of Corporations	
		The Centre of Tallahassee	
		2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
Pleas	osed is a check for the following amount. The make check payable to: FLORIDA DEP  [25,00 Filing Fee	: & 🔲 \$155,00 Filing Fee & 🗍 \$160.00 Filing Fee	

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

IN COMPHANCE WITH SECTION 605,0002 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

a adopted for the purpose of transacting business in Flo	orida The au	ernate name must include "Limited Linbulty Company,"	"L.L.C," or "I
	3.		
: foreign limited liability company is organized)	•	(e.g. number, if applicable)	
(Date first transacted business in Florida, if prior to i (See sections 665,0004 & 605,000), F.S. to determi	registration.) re peracty lu	brity)	
	,	AM Trace LLC	
	D	(Meiting Andress)	
#110-365		4201 Wilson Blvd #110-365	(,)
203	_	Arlington, VA 22203	
	-		<b>5</b> 3
of Florida registered agent. (P.O. Box	NOT ac	ceptable)	
			ငှာ
Corporation Service Company			ر. <u>:</u>
1201 Hays Street			
	#110-365  Orporation Service Company  (P.O. Box  Corporation Service Company	3	(See sections 505,0004 & 605,0005, F.S. to determine pecalty liability)  AM. Trace. LLC  (Meiting Address)  #110-365  4201 Willson Blvd #110-365  Arlington, VA 22203  Of Florida registered agent. (P.O. Box. NOT acceptable)  Corporation Service Company

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

By (Registered agent's sugnature)

Elizabeth Kitchen, Assistant Secretary

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8.	For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons au	thorized to
ma.	inage [up to six (6) total]:	

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
□Manager	Daniel P. Gabriel Name.	□Manager	Name.	
XlMember	4201 Wilson Blvd # 110-365 Address	□ Member	Address:	
□Authorized	Arlington, VA 22203	□ Authorized		
Person		Person		
[]Other	Other	[[Other		ElOther
□Manager	Name.	□Manager	Name.	
□Member	Address.	□ Member	Address:	<del></del>
□Authorized		□ Authorized		
Person		Person		
Other	Othei	[[Other		[]Other
☐Manager	Name	□Manager	Name.	:
□Member	Address.	□Member	Address.	
□Authorized		□Authorized		بب ن
Person		Person		
□Other	□Othet	□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 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.

Daniel P. Gabriel	
E962F1C3009E42D .	Signature of an authorized person
Daniel P. Gabriel	
***************************************	Exped or crinied name of states



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AM TRACE 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 EIGHTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AM TRACE LLC" WAS FORMED ON THE EIGHTH DAY OF MAY, A.D. 2020.

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

Authentication: 204260110

Date: 12-08-20