## M2100015104

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
W2/00	0137418				

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S. FRANKLIN NOV 13 2021

## **COVER LETTER**

UBJECT:	Asset Management International, LLC				
Name of Limited Liability Company					
he enclosed ' xistence, and	'Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business.	' Certificate ness in Flori		
lease return a	Ill correspondence concerning this matter	to the following:			
	Kim Mitchell				
	-	Name of Person			
	Asset Management International, LLC	•			
		Firm/Company			
	300 Lenora St #360		~		
		Address	133		
	Seattle WA 98121-2411		5- NON 1227		
		City/State and Zip Code	9		
	finance@amitracks.com		PH 2:		
	E-mail address: (to be	e used for future annual report notification)	 က ယ		
or further info	ormation concerning this matter, please ca	II:			
Kim Mitchell		206 253 8651			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Please	sed is a check for the following amount: make check payable to: FLORIDA DEF 25.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, 0			

## 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

i name unavananie, enter anemate	name adopted for the purpose of transacting business in Florida. The	ne alternate name must include "Limited Liab	ility Company," "L.L.C," or "LI		
Washington 2.		54-2122382			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	ed) (FEI number, if applicable)			
09/20/2021 (first day o	Of remote employee - Dean Devlin. We have no (Date first transacted business in Florida, if prior to registrati (See sections 605.0904 & 605.0905, F.S. to determine penal		īce`		
	(See sections 605.0904 & 605.0905, F.S. to determine penal				
Dean Devlin	6	Asset Management International, LLC			
treet Address of Principal Office)		(Mailing Address)	452		
1370 Saint Lawrence Dr		300 Lenora St #360	A0N 1257		
Palm Beach Gardens FL 33410		Seattle WA 98121-2411	-9 P		
. Name and street address	ss of Florida registered agent: (P.O. Box NOT	_acceptable)	2: 53		
Name:	LEGALINC CORPORATE SERVICES INC	). 			
Office Address:	5237 Summerlin Commons Ste 400				
	Ft. Meyers	33907 Florida			
	(City)	, Florida(Zip code)			

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:	
□Manager	Name: Thomas Watson	□Manager	Name:	
■Member	Address: 300 Lenora St #360	□Member	Address: 300 Lenora St #360	
□Authorized	Seattle WA 98121	<b>■</b> Authorized	Scattle WA 98121	
Person		Person		
□Other	Other	□Other	□Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	☐Other	□Other	Other	
			Other 73 KOV	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	7. 7. <del>20</del> 7. <b>3.</b>	
Person		Person		
□Other	□Other	□Other	Other	

<u>Important Notice:</u> 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.



# The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

OF

## ASSET MANAGEMENT INTERNATIONAL, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/12/2003.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 09/16/2021 UBI Number: 602 318 501



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

ten Ulyna

Date Issued: 09-16-2021



October 15, 2021

KIM MITCHELL 300 LEONORA ST #360 SEATTLE, WA 98121-2411 US

SUBJECT: ASSET MANAGEMENT INTERNATIONAL, LLC

Ref. Number: W21000137418

We have received your document for ASSET MANAGEMENT INTERNATIONAL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation. They did nigh.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

nere

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 521A00025225

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