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SECRETARY OF STATE TALL AHASSEE, FLORIDA

2021 DEC 13 PM 12: 2

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	AmplifeiIntl LLC		
ocaden,		Name of Limited Liability Company	
		lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.	
Please return	all correspondence concerning this ma	tter to the following:	
	Frank Walters		
	Name of Person		
	AmplifeiIntl LLC		
Firm/Company			
11109 New Orleans Dr			
Address			
	Frisco, TX 75035		
City/State and Zip Code			
	payroll@amplifei.com		
	E-mail address: (	to be used for future annual report notification)	
For further in	formation concerning this matter, please	se call:	
Frank Walters		972 333-8112 at ( )	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Plea	losed is a check for the following amouse make check payable to: FLORIDA 125.00 Filing Fee \$130.00 Filin Certific	DEPARTMENT OF STATE	

# 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: Amplifeilntl 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," "L.L.C," or "LLC.") Texas, USA 84-5160593 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) March 01, 2021 (Date first transacted business in Florida, if prior to registration.)
(See acctions 605.0904 & 605.0905, F.S. to determine penalty liability) 704 South State Rd #135 11109 New Orleans Dr (Street Address of Principal Office) (Mailing Address) **STE D399** Frisco, TX 75035 Greenwood, IN 46143 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N, STE 300 Office Address: St. Petersburg Florida 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.

(Registered agent's signature)

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: Title or Capacity: Name and Address: Name and Address: Name: Misty Brown Name: Robert Oblon □ Manager Manager 480 S Peterman Rd Address: Address: \_\_\_\_\_ ■ Member □Member Greenwood, IN 46142 Frisco, TX 75035 **■** Authorized □ Authorized Person Person □Other \_\_\_\_\_ Other\_\_\_\_ □Other\_ Other\_\_\_\_ Name: Frank Walters Name: \_\_\_\_\_ □Manager □Manager Address: \_\_\_ ☐ Member □Member Address: Frisco, TX 75035 ■ Authorized ☐ Authorized Person Person □Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_\_ □Manager □Manager Name: \_\_\_\_\_ Name: □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person 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.

Typed or printed name of signee

Frank Walters

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for AmplifeiIntl LLC (file number 803575303), a Domestic Limited Liability Company (LLC), was filed in this office on March 16, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 26, 2021.



John B. Scott Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services
Prepared by: SOS-WEB TID: 10264 Document: 1097174700004

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



### Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

AmplifeiIntl LLC Filing Number: 803575303

Certificate of Formation

March 16, 2020

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 26, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

Fax: (512) 463-5709 TID: 10266 Dial: 7-1-1 for Relay Services Document: 1097161660003