## M22000/231/5

| (R                                      | equestor's Name)      |                 |  |  |
|-----------------------------------------|-----------------------|-----------------|--|--|
|                                         |                       |                 |  |  |
| (Address)                               |                       |                 |  |  |
|                                         |                       |                 |  |  |
| (Address)                               |                       |                 |  |  |
|                                         |                       |                 |  |  |
| (C.                                     | ity/State/Zip/Phone # | <del>\$</del> ) |  |  |
|                                         |                       |                 |  |  |
| PICK-UP                                 | WAIT                  | MAIL            |  |  |
|                                         |                       |                 |  |  |
| (Business Entity Name)                  |                       |                 |  |  |
| (_                                      | ,,                    | <b>,</b>        |  |  |
| (Document Number)                       |                       |                 |  |  |
| (D                                      | ocument (vamber)      |                 |  |  |
|                                         |                       |                 |  |  |
| Certified Copies                        | Certificates o        | of Status       |  |  |
|                                         |                       |                 |  |  |
| Special Instructions to Filing Officer: |                       |                 |  |  |
|                                         |                       |                 |  |  |
|                                         |                       |                 |  |  |
|                                         |                       |                 |  |  |
|                                         |                       |                 |  |  |
|                                         |                       |                 |  |  |
|                                         |                       |                 |  |  |
|                                         |                       |                 |  |  |
|                                         | •••                   |                 |  |  |

Office Use Only



02/11/22--01019--021 \*\*130.00



T. LEMIEUX



April 1, 2022

JEFF WILLIAMS 1330 S 93 ST W DES MOINES, IA 50266

SUBJECT: AMI PROPERTIES NORTH, LLC

Ref. Number: W22000023222

We have received your document for AMI PROPERTIES NORTH, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Jeffwilliga 66 9 icloud. com

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.

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.

Tracy L Lemieux Regulatory Specialist II

C:1

Letter Number: 222A00004491

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

| COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORID AMI Properties North, LLC                        |                                                                                                        |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 1(Name of Foreign Limited Liability Company; must inch<br>AMI Properties North, LLC, an Iowa Limited | Ide "Limited Liability Company," "L.L.C.," or "L.L.C.")  I Liability Company                           |
| (If name unavailable, enter alternate name adopted for the purpose of transacting but                | usiness in Flortda. The alternate name must include "Limited Liability Company," "L.I. C," or "LI.C.") |
| 2                                                                                                    | 3(FEI number, if applicable)                                                                           |
| Oursidiction under the law of which foreign limited hability company is organ                        | nzed) (FEI number, if applicable)                                                                      |
| n/a                                                                                                  |                                                                                                        |
| 4.                                                                                                   |                                                                                                        |
| (Date first transacted business in Floric<br>(See sections 605 0904 & 605 0905, F                    | In, if pnor to registration.)                                                                          |
| 1330 S 93rd St.                                                                                      |                                                                                                        |
|                                                                                                      | 1330 S 93rd St.                                                                                        |
| 5. (Street Address of Principal Office)                                                              | 6. (Mailing Address)                                                                                   |
| West Des Moines IA 50266                                                                             | West Des Moines IA 50266                                                                               |
| 7. Name and street address of Florida registered agent: (I                                           | P.O. Box NOT acceptable)                                                                               |
| Decision IA 1                                                                                        | <b>₩</b> 5 ≥                                                                                           |
| Registered Agents Inc.                                                                               | 22                                                                                                     |
| Name:                                                                                                |                                                                                                        |
| 7901 4th St N STE 300                                                                                |                                                                                                        |
| Office Address:                                                                                      | SSEL SELE                                                                                              |
| St. Petersburg                                                                                       | 33702                                                                                                  |
| (City                                                                                                |                                                                                                        |
| •                                                                                                    | , AC                                                                                                   |

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)

v

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:  ✓ Manager  ✓ Member  ✓ Authorized  ✓ Person  ✓ Other | Name and Address:  Jeff Williams  Name:  1330 S 93rd St.  Address:  West Des Moines, IA 50266  IA  Other | Title or Capacity:  Manager  Member  Authorized  Person  Other | Ingrid Williams Name: |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------|
| Manager Member Authorized Person Other                                   | Name:                                                                                                    | Manager Member Authorized Person Other                         | Name:                 |
| Manager  Member  Authorized  Person  Other                               | Name:Address:                                                                                            | Manager  Member  Authorized  Person  Other                     | Name:                 |

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.

Jeff Williams

Typed or printed name of signee



## SECRETARY OF STATE

## CERTIFICATE OF EXISTENCE

Issue Date: 4/28/2022

Name: AMI PROPERTIES NORTH, LLC (489DLC - 698714)

Date of Incorporation: 1/17/2022

**Duration: PERPETUAL** 

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.



Part Sate

PAUL D. PATE SECRETARY OF STATE

