# M3300015419

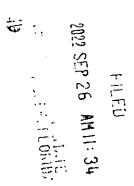
(Red	questor's Name)		
(Add	dress)		
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(City	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
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Office Use Only



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T. LEMIEUX

OCT - 7 2022

### COVER LETTER

TO:

Registration Section

Γ:		
Name ·	of Limited Liability Company	
	ompany for Authorization to Transact Business in Florida," Gerenced foreign limited liability company to transact busine	
eturn all correspondence concerning this matter to	the following:	
Debbie Cole		
	Name of Person	
AMP4, LLC		
	Firm/Company	
9263 Lookout Circle		
	Address	
Grand Ledge, MI 48837		
	y/State and Zip Code	
debcole16@yahoo.com		
E-mail address: (to be o	ised for future annual report notification)	
ner information concerning this matter, please call:		
Debbie Cole	256 698-5447	
Name of Contact Person	at () 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	
Enclosed is a check for the following amount:		
Please make check payable to: FLORIDA DEPA	DODE A DE LOS ASPECTOS	



August 26, 2022

DEBBIE COLE 9263 LOOKOUT CIR GRAND LEDGE, MI 48837

SUBJECT: AMP4, LLC

Ref. Number: W22000110071

We have received your document for AMP4, 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):

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

RECEIVED

Letter Number: 822A00019087

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

(Name of Foreign Limited Liability Company, mi	ust include "Limited Lability Company," L.L.C., or "LUC")	
(If more wavelithe, ener absence more adopted for the jumpose of that Machigani	resource trustices in Florida The absence name mass metade "1 insided Links 802317147	lity Company," "L.L.C;" or "LLC.")
2	3. (Fill name)	it ebbresplet
4		
(Their irro tentanted braness (See sections 605,0904 & 604 9263 Loukoust Circle	s as Primeto, if prime to representations.) 5 0903, F.S. so determine penalty liability) 9263 Looktout (Stule	
5. (Stores Address of Principal Office)	6. (String Add tos)	<del></del>
Grand Ledge, MI 48837	Grand Lodge, MI 48837	۔ مطو
		022 S
us-man-		#P 20
7. Name and street address of Florida registered as	gent; (P.O. Box <u>NOT</u> acceptable)	
Name: Business	filings Incorporated Pine Island Road	26 AM II: 34
Office Address: 1200 South	Pine Island Road	ইন
Olambatia	, Florida 33324 (20 code)	<b>!</b>

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

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.

Juli Henneman Asst Secretary for Business Jilings Acorporate.
(Registered appel's significe)

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: Name and Address: Title or Capacity: Debbie Cole Danton Cole □Manager Name: Name: □Manager 9263 Lookout Circle 9263 Lookout Circle Address: \_\_\_ Member Member Address: Grand Ledge, MI 48837 Grand Ledge, MI 48837 □ Authorized □ Authorized Person Person □Other\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □Manager Name: □Manager Address: Address: □Member ☐ Member ☐ Authorized □ Authorized Person Person □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.

□Other\_\_\_\_

Name: \_\_\_\_\_

Address:

- 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.

□Manager

□Member

☐ Authorized

Person

□Other\_\_\_\_\_

Name: \_\_\_\_\_\_

Address:

Other\_\_\_\_

□Other

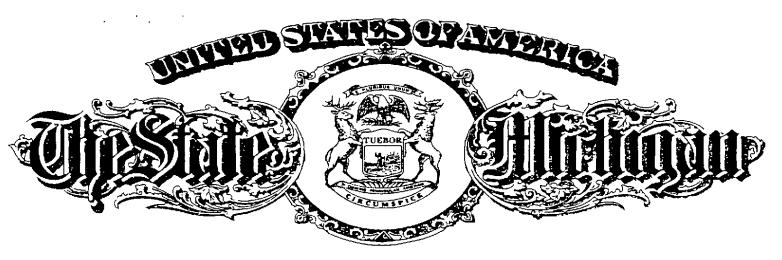
□Manager

☐Member

☐ Authorized

Person

□Other\_\_\_\_



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

AMP4, LLC

was validly authorized on April 30, 2019, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 10th day of August, 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

## MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

## FILING ENDORSEMENT

This is to Certify that the 2022 ANNUAL STATEMENT

for

AMP4, LLC

ID Number:

802317147

received by electronic transmission on November 29, 2021, is hereby endorsed.

Filed on November 29, 2021, by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 29th day of November, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau