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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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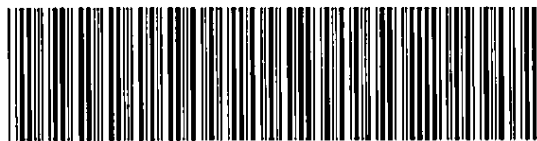
(Business Entity Name)

(Document Number)

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T. LEMIEUX

MAY 24 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMG II, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Chelsea Wardrop

Name of Person

AMG II, LLC

Firm/Company

P.O. Box 10

Address

Scottsdale, AZ 85252

City/State and Zip Code

chelsea.wardrop@colliers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chelsea Wardrop

602
at ()

955-4700

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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:*

1. AMG II, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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.")

2. Arizona 3. 86-0594015
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/01/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3550 N. Central Avenue 6. P.O. Box 10
(Street Address of Principal Office) (Mailing Address)
Suite 400 Scottsdale, AZ 85252
Phoenix, AZ 85012

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

2023 FEB 10 PM 5:21

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.

Stephanie Milnes Stephanie Milnes, Assistant VP
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Gary L. Shaw</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Garrett Neiffer</u>
<input type="checkbox"/> Member	Address: <u>3550 N. Central Avenue</u>	<input type="checkbox"/> Member	Address: <u>3550 N. Central Avenue</u>
<input type="checkbox"/> Authorized	<u>Suite 400</u>	<input type="checkbox"/> Authorized	<u>Suite 400</u>
Person	<u>Phoenix, AZ 85012 USA</u>	Person	<u>Phoenix, AZ 85012 USA</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Gil Borok</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Karen Whitt</u>
<input type="checkbox"/> Member	Address: <u>6324 Canoga Avenue</u>	<input type="checkbox"/> Member	Address: <u>1110 N. Glebe Road</u>
<input type="checkbox"/> Authorized	<u>Suite 100</u>	<input type="checkbox"/> Authorized	<u>Suite 6110</u>
Person	<u>Woodland Hills, CA 91367 USA</u>	Person	<u>Arlington, VA 22201 USA</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Matthew Hawkins</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1140 Bay Street</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 4000</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Toronto, ON M5S 2B4 CAN</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:

Signature of an authorized person

Gary L. Shaw, Jr.

Typed or printed name of signer

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

AMG II, LLC

ACC file number: 23422910

was incorporated under the laws of the State of Arizona on 09/13/2022, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **04/07/2023**



A handwritten signature in black ink, appearing to read "Douglas Clark".

Douglas Clark, Executive Director