

5/6/24, 3:15 PM

Division of Corporations

Florida Department of State

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: zachary.mannix@cushwake.com

Foreign Limited Liability Company
AMS RE Services LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

2024 MAY -6 PM 1:51
STATE OF FLORIDA
ALLAHASSEE, FL

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2024 MAY -6 PM 4:09

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ALLAHASSEE, FLORIDA

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Help

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. AMS RE Services 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. Washington 45-3070609
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 2401 Internet Boulevard, Suite 110 2401 Internet Boulevard, Suite 110
(Street Address of Principal Office) (Mailing Address)
Frisco, TX, 75034 Frisco, TX, 75034

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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CLERK OF STATE
TALLAHASSEE, FL

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.

By: C T Corporation System
James Martin (Registered agent's signature) James Martin - Assistant Secretary


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>Dan Broderick</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Bregan Herrold</u>
<input type="checkbox"/> Member	Address: <u>2401 Internet Boulevard, Suite 110</u>	<input type="checkbox"/> Member	Address: <u>2401 Internet Boulevard, Suite 110</u>
<input type="checkbox"/> Authorized	<u>Frisco, TX, 75034</u>	<input type="checkbox"/> Authorized	<u>Frisco, TX, 75034</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Sarah Winters</u>	<input type="checkbox"/> Manager	Name: <u>Diana Bacigalupo</u>
<input type="checkbox"/> Member	Address: <u>2401 Internet Boulevard, Suite 110</u>	<input type="checkbox"/> Member	Address: <u>2401 Internet Boulevard, Suite 110</u>
<input checked="" type="checkbox"/> Authorized	<u>Frisco, TX, 75034</u>	<input checked="" type="checkbox"/> Authorized	<u>Frisco, TX, 75034</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Matt Noc</u>	<input type="checkbox"/> Manager	Name: <u>Jessie Waller</u>
<input type="checkbox"/> Member	Address: <u>2401 Internet Boulevard, Suite 110</u>	<input type="checkbox"/> Member	Address: <u>2401 Internet Boulevard, Suite 110</u>
<input checked="" type="checkbox"/> Authorized	<u>Frisco, TX, 75034</u>	<input checked="" type="checkbox"/> Authorized	<u>Frisco, TX, 75034</u>
Person	_____	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.



Signature of an authorized person

Jessie Waller

Typed or printed name of signer

Name		Title	Address
Shepard, Andrew		Treasurer	2401 Internet Boulevard, Suite 110, Frisco, TX 75034
Vazquez, Jesse		Assistant Treasurer	2401 Internet Boulevard, Suite 110, Frisco, TX 75034
Bisanz, Thomas		Vice President & Designated Broker	2401 Internet Boulevard, Suite 110, Frisco, TX 75034

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE

OF

AMS RE SERVICES 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 04/14/2011.

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: 05/01/2024
UBI Number: 603 103 922



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

Steve R. Hobbs, Secretary of State

Date Issued: 05/01/2024