Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:			

## **Foreign Limited Liability Company** A & M VIRTUAL SERVICES LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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# 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:

(Name of Foreign	/ICES LLC Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "ELC.")	
name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liability Co	ompany," "L.L.C," or "LLC.")
Washington		3. 8B-3057487	
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if app	licuble)
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin	gistralism ) c penalty liability)	
7901 4th St N STE 300	)	7901 4th St N STE 300	
reel Address of Principal Office)		6. (Mailing Address)	
St. Petersburg FL 3370	02	St. Petersburg FL 33702	
Name and street address Name:	ss of Florida registered agent: (P.O. Box Registered Agents Inc	<u>NOT</u> acceptable)	ን ነገር ነ
		NOT acceptable)	91
Name:	Registered Agents Inc	NOT acceptable)   Florida 33702	
Name:	Registered Agents Inc 7901 4th St N STE 300	33702	91
Name: Office Address. egistered agent's accepaving been named as resignated in this applicated comply with the provisi	Registered Agents Inc 7901 4th St N STE 300 St. Petersburg	. Florida 33702  (Zip code)  vocess for the above stated limited liability registered agent and agree to act in this	ty company at the plac capacity. I further ag

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:	Title or Capacit	<u>v:</u>	Name and Address:
□Manager	Name: MURPHY, MICHELLE	□Manager	Name:	
☑Member	Address:	□Member	Address:	
□Authorized	7901 4th St N STE 300	_		
Person	St. Petersburg FL 33702	Person		,
□Other	Other	Other		□ Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized				
Person		Person		
□Other	Other	□ Other	<del></del>	Other
⊔Manager	Name:	∐Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	Other		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.

Relian Jan	<b>₩</b> 3/2	
	Signature of an authorized person	
Robin Jones		
	Typed or printed name of some	



\* XXXX



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

### A & M VIRTUAL 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 07/20/2022.

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: 05/16/2024 UBI Number: 604 941 081

R Hohlie



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: 03/16/2024