7/3/24, 8:56 AM

Τo

Division of Corporations

# Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000227902 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

\*\*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 AMC US LLC Certificate of Status Certified Copy 1 Page Count 05 Estimated Charge \$155.00

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Help

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. Page: 3 of 6

## COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	T: AMC US LLC	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company	
The en Exister	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate, and check are submitted to register the above referenced foreign limited liability company to transact business in Flor	of ida.
Please	urn all correspondence concerning this matter to the following:	
	Mike Town	
	Name of Person	
	Legalzoom com, Inc	
	Firm/Company	
	9900 Spectrum Dr	
	Address	
	Austin, TX 78717	
	City/State and Zip Code	
	galtsandmovement@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For fur	er information concerning this matter, please call:	
	Mike Town 800 773-0888	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:  Division of Corporations  Registration Section  Co. Box 6327  Callahassee, Fl. 32314  Callahassee, Fl. 32314  Callahassee, Fl. 32301  Callahassee, Fl. 32301	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
	\$125.00 Filing Fee \$\simegathered{\subseteq} \$130.00 Filing Fee & Certificate of Status \$\subseteq\$ Certified Copy \$\$160.00 Filing Fee, Certified Copy	

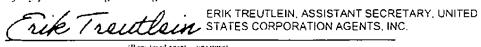
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 805,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

alm Beach Athletic LLC	 ·				
isme imavadable, enter alternate i	name adopted for the purpose of transacting business in I'l	orida. The alternate rani	ne most include "Frinnied Liabihi	Compans," "L.f. C," or "ULC	
Washington					
(Jutisdiction under the law of w	luch foreign limited liability company is organized)	3	(FEI number,	(Lapplicable)	
	(Date that transacted business in Florida, it prior to				
	(Date first transacted business in Fforida, if prior to (See sections 605 0904 & n05 0905, F.S. to determ	registration ) nne penulty bability)			
355 118th Ave SE, Suite 107		355 118th Ave SE, Suite 107			
(Street Address of	Principal Office)	6	r Mailing Address	,	
Bellevue, Washington 98005		Bellevue, Washington 98005			
·					
	<del></del>				
Name and street address	ss of Florida registered agent: (P.O. Bo	NOT acceptab	ole)	<b>=</b>	
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Bo	NOT acceptab	ile)	2024 Si.	
	SS of Florida registered agent: (P.O. Bo:	•		2024 JUI S L JEE TALL	
Name and <u>street addre</u> Name:	UNITED STATES CORPORATION	•		2024 JUL - SLUHE SU TALLAH	
	_ ,	•		2024 JUL -3 SLUBE SCREE TALLAHAS	
Name:	UNITED STATES CORPORATION	•		2024 JUL -3 SLURE SURS TALLAHA	

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.



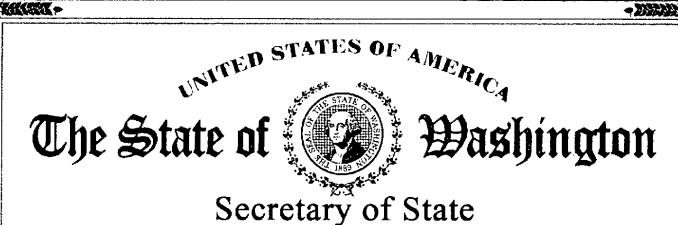
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
manage [up to six (6) total]	ist names, title or capacity and	1 addresses of the primary members/	managers or persons authorized to

Time or Capacity:	Name and Address:	Time or Capacity	<u>'i</u>	Name and Address:
Manager	Name: Bo Li		Name:	
Member	Address: 355 118th Ave SE	Member	Address:	
Authorized	Suite 107	Authorized		
Person	Bellevue, Washington 98005	Person		
Othei	Other	Other		Other
☐Manager	Name:	Manager	Name:	
Member	Address:	Member	Address	
Authorized		Authorized		
Person		Person		<del></del>
Other	Other	Other		Other
Manager	Name:	☐ Managei	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 add, 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.





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

#### CERTIFICATE OF EXISTENCE

OF

### AMC US 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 01/20/2023.

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.

LFURTHER 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: 07/03/2024 UBI Number: 605 015 963

R Hollie



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

Steve R. Hobbs, Secretary of State

Date Issued 07 03/2024