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## Foreign Limited Liability Company **AMS.NET LLC**

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

IN COMPILANCE 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.NET LLC (Name of Foreign	Limited Liability Company: must include "Limite	d Liability	y Company," "L.L.C.," or "	LLC.")	
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The	alternate name must include "L	limited Liability Company," "I	L.C," or "LI,C."}
Delaware 2. thursdiction under the law of w	hich foreign limited liability company is organized)	3.	94-3291626	FEI number, it applicable)	
4	The first transacted business in blanch, if near to	m distriction			
(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905; F.S. to determine 4320) W. Kennedy Boulevard, Suite 200 5. (Street Address of Principal Office)			liability) 4320 W. Kennedy Be (Mailing Address)	oulevard, Suite 200	
Tampa, FL 33609			Tampa, FL 33609		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT a	neceptable)	SA CAR	
Name:	C T Corporation System			PSSSW Lysky	PARO VONA
Office Address:	1200 South Pine Island Road			AN W LO	D VED
	Plantation (City)		3332 , Florida (Zip	4 7 =	:

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.

Denise Bell, Assistant Secretary

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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 Capacity:	Name and Address:
■Manager	Name: A. Trey Traviesa	■Manager	Name: Philip Alphonse
□Member	Address: 4320 West Kennedy Boulevard	□Member	Address: 4320 West Kennedy Boulevard
□Authorized	Suitc200	□Authorized	Suite 200
Person	Tampa, FL 33609	Person	Tampa, FL 33609
Other	□Other	Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	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.

Z-7-3-2	The second of the second	
	Signature of an authorized person	
A. Trey Traviesa		
	Typed or printed name of signee	(((H24000231728 3)))

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMS.NET LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE EIGHTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMS.NET LLC" WAS FORMED ON THE SECOND DAY OF JANUARY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203874145

Date: 07-08-24