## Secretary of State

# LLC-5

### Application to Register a Foreign Limited **Liability Company (LLC)**

For Office Use Only -FILED-

File No.: 202565413615 Date Filed: 1/15/2025

#### IMPORTANT — Read Instructions before completing this form.

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Filing Fee - \$70.00						
Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00						
Note: Registered LLCs in California may have to pay minimum \$800 California Franchise Tax Board each year. For more inform to https://www.ftb.ca.gov.			This Space Fo	r Office l	Jse Only	y
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	Certificate of Go	od Standing	J.)			
Amplus LLC.						
1b. California Alternate Name, If Required (See Instructions - On	ily enter an alterr	ate name #	the LLC name in	1a not ava	ilable in (	Californi
						<u> </u>
2. LLC History (See Instructions – Ensure that the formation date and jur						
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY) b. Jurisdic	ction (State, fore	gn country (	or place where th	is LLC is fo	ormed.)	
07/23/2024 W	4smin	9				,, =, s,s,
c. Authority Statement (Do not alter Authority Statement)	3					
This LLC currently has powers and privileges to conduct busine	ess in the stat	e, foreign	country or pla	ce enter	ed in Ite	m 2b.
<ol><li>Business Addresses (Enter the complete business addresses. Iter</li></ol>	ms 3a and 3b car	not be a P.	O. Box or "in care	of" an ind	ividual or	entity.)
a. Street Address of Principal Executive Office - Do not enter a P.O. Box City (no abbre		riations)		State	Zip Code	
5830 E 21 St. Ste 700 #17613	3 Casper			Wy	82609	
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code	
Mailing Address of Principal Executive Office, If different than Item 3a City (no abbi		viations)		State	Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.) INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full r	•	nia street ad	dress.	•	- <del>L</del>	
a. California Agent's First Name (If agent is not a corporation)  En'(_	Middle Name Last Name Richard Rehm					Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)			State Zip Code		
8364 On Belle Ln. El Ca		ion ca			42021	
CORPORATION - Complete Item 4c only. Only include the name of the r	egistered agent	orporation.				
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not	t complete Item 4a	or 4b		•		

5. Read and Sign Below (See Instructions. Title not required.)

I am authorized to sign on behalf of the foreign LLC.

Signature

B3319

-3868

# STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

#### **AMPLUS LLC**

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **July 23, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001494125**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of January, 2025 at 3:37 PM. This certificate is assigned ID Number 080752829.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.