

F21000004724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

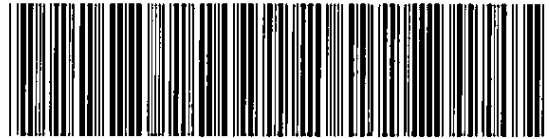
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED

2021 AUG 17 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADMITTED
FILED

2021 AUG 17 AM 10:19

AUG 17 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 965017 4311859

AUTHORIZATION :

COST LIMIT :

Lynell Coleman
\$ 78.75

ORDER DATE : August 16, 2021

ORDER TIME : 2:49 PM

ORDER NO. : 965017-020

CUSTOMER NO: 4311859

FOREIGN FILINGS

NAME: AMBASSADOR PEST MANAGEMENT,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ambassador Pest Management, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Karina Eframian

Name of Person

Torys LLP

Firm/Company

1114 Avenue of the Americas, 23rd Floor

Address

New York, NY 10036

City/State and Zip code

keframian@torys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karina Eframian

at (212) 880.6182

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Ambassador Pest Management, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 65-0239843
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 17, 2021 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. August 17, 2021
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1401 FORSYTHE RD, WEST PALM BEACH, FL 33405
 (Principal office street address)

(Current mailing address, if different)

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

Name: Ben Kaplan

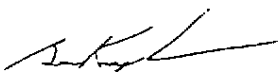
Office Address: 1401 FORSYTHE RD

WEST PALM BEACH, Florida 33405
 (City) (Zip code)

2021 AUG 17 AM 10:19
 STATE OF FLORIDA
 DEPARTMENT OF STATE

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



 Name: Ben Kaplan (Registered agent's signature)
 Title: Treasurer

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Mike Givlin
 Vice Chairman Address: c/o Ambassador Pest Management
 Director 1401 FORSYTHE RD
 President WEST PALM BEACH, FL 33405
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Ben Kaplan
 Vice Chairman Address: c/o Ambassador Pest Management
 Director 1401 FORSYTHE RD
 President WEST PALM BEACH, FL 33405
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

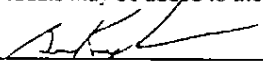
Chairman Name: Ron Shakespeare
 Vice Chairman Address: c/o Ambassador Pest Management
 Director 1401 FORSYTHE RD
 President WEST PALM BEACH, FL 33405
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Scott Sutton
 Vice Chairman Address: c/o Ambassador Pest Management
 Director 1401 FORSYTHE RD
 President WEST PALM BEACH, FL 33405
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 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.

12.  _____
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Ben Kaplan, Treasurer
 (Typed or printed name and capacity of person signing application)

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMBASSADOR PEST MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMBASSADOR PEST MANAGEMENT, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2021.

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



6170863 8300

SR# 20213001969

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203938708

Date: 08-17-21