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LAZARUS CORPORATE FILING SERVICE, INC.
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(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. AMBRO CONTRACTORS INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

Walk in
 Pick up time 9:00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

FILED
 00 FEB -9 9 12:53
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 *****78.75 *****78.75

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Examiner Initials

ARTICLES OF INCORPORATION

AMBRO CONTRACTORS INC.

The undersigned incorporators, for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be:

AMBRO CONTRACTORS INC.

ARTICLE 2 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 6530 SW 9th Street
Pembroke Pines Florida 33023.

ARTICLE 3 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

1000 Shares at \$ 1.00 P/V.

ARTICLE 4 INITIAL REGISTERED AGENT

The name and address of the initial registered agent is:
Osvaldo Amor at 6530 SW 9th Street, Pembroke Pines Fl
33023.

ARTICLE 5 -INCORPORATORS

The name and street address of the incorporators to this Articles of Incorporation is:
Onell Amor 1345 NE 204 Street, Miami Fl 33179
Osvaldo Amor 6530 SW 9th Street, Pembroke Pines Fl
33023.

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ARTICLE 6 INITIAL BOARD OF DIRECTORS

The corporation shall have Two directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but never shall be less than Two. The name and address of the initial director is(are)

Onell Amor 1345 NE 204 Street, Miami Fl 33179
Osvaldo Amor 6530 SW 9th Street, Pembroke Pines Fl 33023

The name and address of the persons signing these Articles of Incorporation are:

Onell Amor 1345 NE 204 Street, Miami Fl 33179
Osvaldo Amor 6530 SW 9th Street, Pembroke Pines Fl 33023.

IN WITNESS WHEREOF, the undersigned suscriber(s) have executed these Articles of Incorporation this *Feb 8/2000*

Onell

Osvaldo

Sworn to and suscribed before me this *February 8/2000*

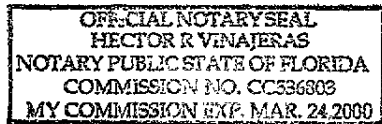
Hector R. Vinajeras

Notary Public

HECTOR R. VINAJERAS

Notary's Name, Personally Known
✓ or Produced ID _____

Type of ID Produced: _____



CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT.

CERTIFICATE OF REGISTERED AGENT OF;
AMBRO CONTRACTORS INC.

Pursuant to Provisions of Section 607.051 or 617.0501 Florida Statutes, the undersigned corporation, organized under the Laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name of the corporation is: AMBRO CONTRACTORS INC.
2. The name and address of the Registered Agent and office is:
Osvaldo Amor 6530 SW 9th Street, Pembroke Pines Fl 33023.

ACKNOWLEDGEMENT.

Having been named as Registered Agent and to accept service of process for the above stated Corporation at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Signature Osvaldo Amor

Date 2/8/2000

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