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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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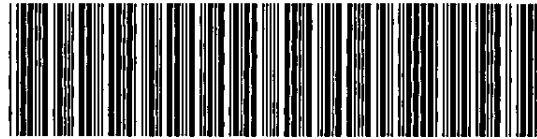
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

B. McKnight MAY 23 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ambassador of Business, Health, Wellness And Etc.
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Robert M. Olson Chairman/Director

(Name of Person)

Ambassador of Business, Health, Wellness And Etc.

(Firm/Company)

PO Box 694,

(Address)

Micanopy, FL 32667

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M. Olson

(Name of Person)

at (352) 351-2061

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. Ambassador of Business, Health, Wellness and Etc. and His Successors, A Corporation Sole
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Nevada 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/27/2005 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 719 SE Tusawilla Ave, Ocala, FL 34471
(Principal office address)

PO Box 694, Micanopy, FL 32667
(Current mailing address)

8. Non-Profit
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Robert M. Olson

Office Address: 719 SE Tusawilla Ave

Ocala, Florida 34471
(City) (Zip Code)

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10. 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.*


(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Robert M. Olson

Address: PO Box 694, Micanopy, FL 32667

Vice Chairman: _____

Address: _____

Director: Robert M. Olson

Address: PO Box 694, Micanopy, FL 32667

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert M. Olson Chairman/Director

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE (INCLUDING AMENDMENTS)

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AMBASSADOR OF BUSINESS, HEALTH, WELLNESS AND ETC., AND HIS SUCCESSORS, A CORPORATION SOLE.**, as a non-profit corp sole duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 27, 2005, and is in good standing in this state.

I further certify, that the above non-profit corp sole has Articles of Incorporation and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 6, 2007.



ROSS MILLER
Secretary of State

By

Chal
Certification Clerk

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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