

FD7000004306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MPD  
8/27

W007-39540

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Ambridge Capital Group, 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," 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:

Luis F. Barrientos

(Name of Person)

Ambridge Capital Group, Inc.

(Firm/Company)

600 N. Bell Ave., Ste. 250

(Address)

Carnegie, PA 15106

(City/State and Zip code)

For further information concerning this matter, please call:

Luis F. Barrientos at ( 412 ) 412-279-9810 x 104

(Name of Person)

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
07 AUG 27 PM 1:50  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

August 14, 2007

LUIS F BARRIENTOS  
AMBRIDGE CAPITAL GROUP, INC.  
600 N BELL AVE., STE 250  
CARNEGIE, PA 15106

SUBJECT: AMBRIDGE CAPITAL GROUP, INC.  
Ref. Number: W07000039540

We have received your document for AMBRIDGE CAPITAL GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist

Letter Number: 707A00049561

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. Ambridge Capital Group Incorporated  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

2. N/A  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

3. Pennsylvania 3. 582678489  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 12/19/2003 5. "Perpetual"  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 600 N. Bell Ave., Ste 250, Carnegie, Pa. 15106  
(Principal office address)

600 N. Bell Ave., Ste 250, Carnegie, Pa. 15106  
(Current mailing address)

8. \_\_\_\_\_  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: DOUGLAS ESLOBAN  
Office Address: 4801 S. UNIVERSITY DR. #254  
DAVID, Florida 33222  
(City) (Zip code)

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.

(Signature)  
(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.

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SECRETARY OF STATE

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

**A. DIRECTORS**

Chairman: N/A

Address: \_\_\_\_\_

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: N/A

Address: \_\_\_\_\_

Director: N/A

Address: \_\_\_\_\_

**B. OFFICERS**

President: Luis F. Barrientos

Address: 600 N. Bell Ave., Ste 250, Carnegie PA 15106

Vice President: N/A

Address: \_\_\_\_\_

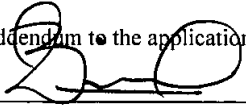
Secretary: Luis F. Barrientos

Address: 600 N. Bell Ave., Ste 250, Carnegie PA 15106

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. President & CEO  
(Typed or printed name and capacity of person signing application)

**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF STATE**

**JULY 13, 2007**

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

**FILED**  
07 AUG 27 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**I DO HEREBY CERTIFY THAT,**

**AMBRIDGE CAPITAL GROUP, INC.**

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and  
remains a subsisting corporation so far as the records of this office show, as of  
the date herein.**



**IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused  
the Seal of the Secretary's Office to  
be affixed, the day and year above  
written.**

*Pedro A. Cortes*

**Secretary of the Commonwealth**