

# F18000001484

Florida Department of State  
Division of Corporations  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800) 906-9220  
Fax Number : (800) 906-9880

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
AMBASSADOR ADVANTAGE, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
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K. SALY  
MAR 29 2018

18 MAR 28 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**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 ADVANTAGE, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inn.," "Co.," or "Corp.")

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

**2. NEW YORK**

(State or country under the law of which it is incorporated)

**3.**

(FEI number, if applicable)

**4. NOVEMBER 22, 2013**

(Date of incorporation)

**5.**

**PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6.**

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

**7. 8925 COLLINS AVENUE, #6B, MIAMI, FL 33154**

(Principal office address)

**8925 COLLINS AVENUE, #6B, MIAMI, FL 33154**

(Current mailing address)

**8. FINANCIAL CONSULTANT**

(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:

**SHOLOM FISHMAN**

Office Address:

**8925 COLLINS AVENUE, #6B**

**MIAMI**

(City)

**Florida 33154**

(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.*

DocuSigned by:

*Sholom Fishman*

(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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**18 MAR 28 AM 10:04**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: SHOLOM FISHMAN

Address: 8925 COLLINS AVENUE, #6B  
MIAMI, FL 33154

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

B. OFFICERS

President: SHOLOM FISHMAN

Address: 8925 COLLINS AVENUE, #6B  
MIAMI, FL 33154

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 Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. SHOLOM FISHMAN, PRESIDENT

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of AMBASSADOR ADVANTAGE, INC. was filed on 11/22/2013, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

I further certify that no other documents have been filed by such corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 27th day of March  
two thousand and eighteen.*

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

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