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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ambassador Baskets Extraordinary Inc
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", or "Certificate of Status" 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:

Sanford Williams

Name of Person

Ambassador Baskets Extraordinary Inc

Firm/Company

3836 SW County Road 240

Address

Lake City / FL 32024

City/State and Zip Code

abeft501c3@gmail.com

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

For further information concerning this matter, please call:

Sanford Williams

at (352) 359-8850

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

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

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

2077 23 F14:00

**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 Baskets Extraordinary Inc

(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.)

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

2. LA 3. 28-2867596

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 7, 2008 5. Perpetual

(Date of Incorporation) (Date of duration, if other than 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. 3836 SW County Road 240 Lake City, FL 32024

(Principal office street address)

(Current mailing address, if different)

8. To provide various spiritual based publications & social services, and engage in any activity allowed under Florida statutes
(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: Sanford Williams

Office Address: 3836 SW County Road 240

Lake City, Florida 32024

(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.



(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. 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: Sanford Williams
☐ Vice Chairman Address: 3836 SW County Road 240
☐ Director Lake City, FL 32024
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name: Brenda Williams
☐ Vice Chairman Address: 22004 NW 91st
☒ Director Alachua, FL 32015
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

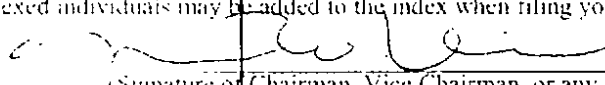
☐ Chairman Name: Henry Dobry
☐ Vice Chairman Address: 21 Borage Place
☐ Director Forest Hills, NY 11375
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other: Officer ☐ Other:

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

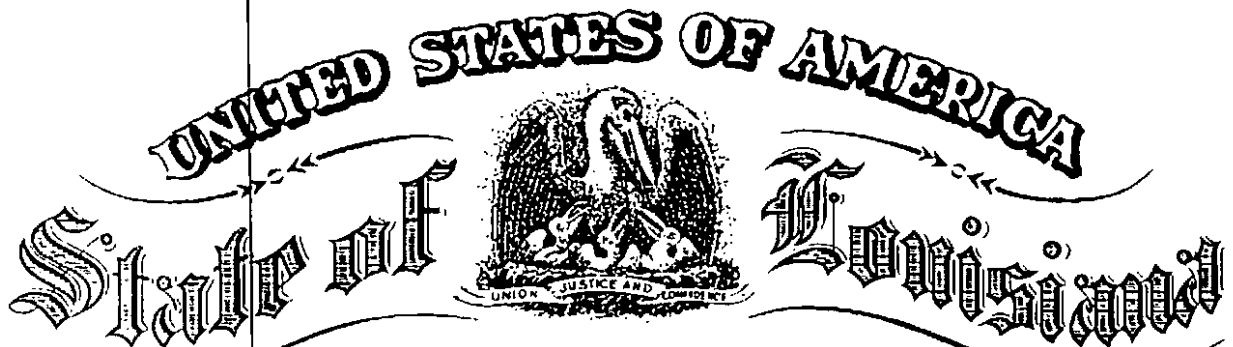
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

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

NOTE: 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.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sanford Williams, President
(Typed or printed name and capacity of person signing application)



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

AMBASSADOR BASKETS-EXTRAORDINARY, INC.

Domiciled at SUDELL, LOUISIANA,

Was filed in this Office and a Certificate of Incorporation was issued on July 07, 2008.

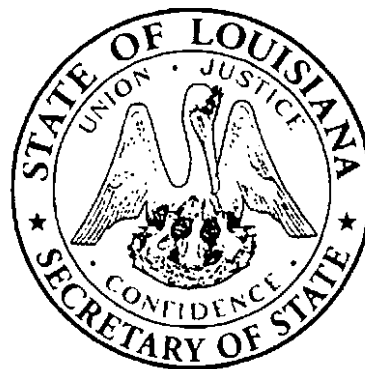
I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 17, 2022

Secretary of State

Web 36790641N



Certificate ID: 11651780#H6Q83

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

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