

MO7 000006362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

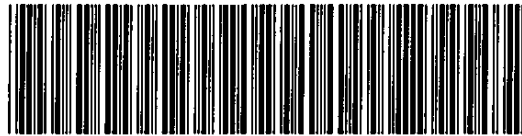
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/25/07--01032--030 **155.00

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TALLAHASSEE, FLORIDA

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MO7-6362
JR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2007

ERNEST MASCARA
475 CENTRAL AVENUE, SUITE 202
ST. PETERSBURG, FL 33701

SUBJECT: AMBASSADOR SEASONAL CONCEPTS, LLC
Ref. Number: W07000025548

We have received your document for AMBASSADOR SEASONAL CONCEPTS, LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 407A00036822

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2007

ERNEST MASCARA
475 CENTRAL AVENUE, SUITE 202
ST. PETERSBURG, FL 33701

SUBJECT: AMBASSADOR SEASONAL CONCEPTS, LLC
Ref. Number: W07000025548

We have received your document for AMBASSADOR SEASONAL CONCEPTS, LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 407A00036822

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMBASSADOR SEASONAL CONCEPTS, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

ERNEST L. MASCARA

(Name of Person)

ERNEST L. MASCARA, P.A.

(Firm/Company)

475 CENTRAL AVENUE, SUITE 202

(Address)

ST. PETERSBURG, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

ERNEST L. MASCARA

(Name of Person)

at (727) 896-1200

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

ERNEST L. MASCARA, P.A.

Law Offices

Kress Building
Suite 202
475 Central Avenue
St. Petersburg, FL 33701
www.mascaralaw.com

P.O. Box 266
St. Petersburg, FL 33731
Tel: (727) 896-1200
Fax: (727) 896-1202
Email: ernie@mascaralaw.com

June 4, 2007

Florida Department of State
Division of Corporations
ATTN: Tammi Kline
Post Office Box 6327
Tallahassee, Florida 32314

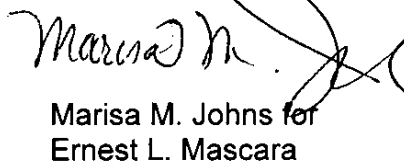
Re: Ambassador Seasonal Concepts, LLC
Reference Number: W07000025548
Letter Number: 407A00036822

Dear Ms. Cline:

Pursuant to your May 29, 2007, letter, I am herewith enclosing the Certificate of Formation of AMBASSADOR SEASONAL CONCEPTS, LLC, received from the State of Delaware. Please reconsider the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, previously forwarded to the Florida Division of Corporations on May 24, 2007.

Please feel free to contact our office if you require any other documentation or if you have any questions.

Sincerely yours,


Marisa M. Johns for
Ernest L. Mascara

ELM/mmj
Enclosures as noted

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TALLAHASSEE, FLORIDA

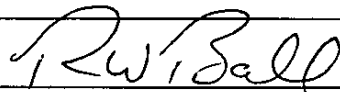
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. AMBASSADOR SEASONAL CONCEPTS, LLC
(Name of Foreign Limited Liability Company)
2. STATE OF DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 26-0206578
(FEI number, if applicable)
4. 05/17/2007
(Date of Organization)
5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 5384 GULF BOULEVARD
ST. PETE BEACH, FL 33706
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:
MGR - RONALD W. BALL, MGR - GEORGE BENNETT,
MGR - MICHAEL JONES, AND MGR - ERNEST L. MASCARA.
FOR ALL MGR'S ADDRESS: 5384 GULF BOULEVARD, ST. PETE BEACH, FL 33706

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: STAFFING COMPANY



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RONALD W. BALL

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

AMBASSADOR SEASONAL CONCEPTS, LLC

2. The name and the Florida street address of the registered agent and office are:

ERNEST L. MASCARA

(Name)

475 CENTRAL AVENUE, SUITE 202

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

ST. PETERSBURG

FL 33701

City/State/Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, Florida Statutes.


(Signature)

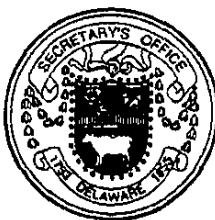
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMBASSADOR SEASONAL CONCEPTS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF OCTOBER, A.D. 2007.



4354285 8300
071128739

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 6087031
DATE: 10-18-07