

M18000008209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

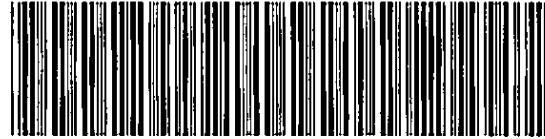
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SEP 08 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

Ambassador Certification & Consulting Services, LLC

SUBJECT: _____
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:

Jessica T Schag

Name of Person

The Law Office of Jessica T. Sebag, PLLC

Firm/Company

2159 SE Ocean Boulevard

Address

Stuart, Florida 34996

City/State and Zip Code

jessica@sebaglegal.com

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

For further information concerning this matter, please call:

Jessica T Sebag 561 331-1310

Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
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

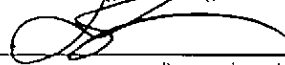
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Ambassador Certification & Consulting Services, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. State of Missouri 3. 81-3030103
(Jurisdiction under the law of which foreign limited liability company is organized) (Fed number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 605 SW US Highway 40 6. 605 SW US Highway 40
(Street Address of Principal Office) (Mailing Address)
Suite 265 Suite 265
Blue Springs, Missouri 64014 Blue Springs, Missouri 64014
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: The Law Office of Jessica T Sebag, PLLC
- Office Address: 2159 SE Ocean Boulevard
Stuart, Florida 34996
(City) (Zip code)

Registered agent's acceptance:

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 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)

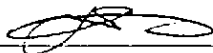
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are.

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Managing Member</u>	<u>Michael David Jobe, Sr.</u> <u>605 SW Hwy 40, Ste 265</u> <u>Blue Springs, Missouri 64014</u>		
<u>Managing member</u>	<u>Sharon Jobe</u> <u>605 SW Hwy 40, Ste 265</u> <u>Blue Springs, Missouri 64014</u>		

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

Jessica T. Sebag

Typed or printed name of signer

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CLERK OF THE COURT
JACKSONVILLE, FLORIDA

STATE OF MISSOURI



John R. Ashcroft
Secretary of State


CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

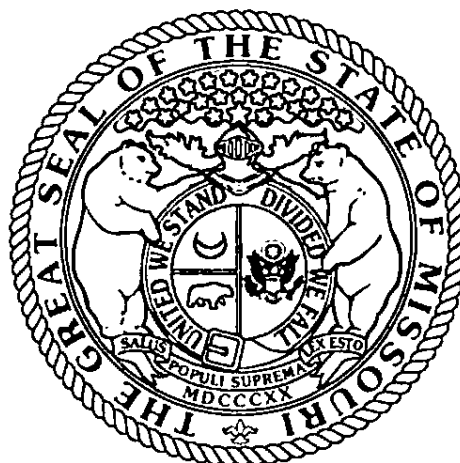
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Ambassador Certification & Consulting Services LLC
LC001496712

was created under the laws of this State on the 22nd day of June, 2016, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 20th day of August, 2018.


Secretary of State



Certification Number: CERT-08202018-0024