

N990000002645

TRANSMITTAL LETTER

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

FILED
99 APR 29 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Ambassador Connection
(Proposed corporate name - must include suffix)

600002857216--6
-04/29/99--01110--001
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

RECEIVED

99 APR 29 PM 1:51

FROM:

June Logan
Name (Printed or typed)

Mail out

P.O. Box 6808, 5920 Orchid Seed LN
Address

TO
P.O. BOX

Tallahassee, FL 32314 - Tallahassee, FL 32310
City, State & Zip

850-915-3086

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ajc
4/29

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

Ambassador Connection Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 6808 Tallahassee FL 32314

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

To provide various services to the community.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

Directors shall be elected according to the by-laws

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Jane Logan
P.O. Box 6808 5920 Orchid Seed LN
Tallahassee, FL 32310

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Jane Logan
P.O. Box 6808
Tallahassee, FL
Jane Logan

Signature/Incorporator

4/26/99

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Jane Logan
Signature/Registered Agent

4/26/99
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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