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# Division of Corporations

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

· (850)205-0381 Fax Number

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 (305)599-0839 Phone : (305)716-0346 Fax Number

### FLORIDA PROFIT CORPORATION OR P.A

AMBI SERVICES INC.

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# ARTICLES OF INCORPORATION OF

the undersigned incorporator(s), for the purpose of Corporation Act, hereby adopt(s) the following Articles of incorporation.

The name of the corporation shall be: Ambi Services Fre

The principal place of business of this corporation shall be: 276600 625t MIAMI FL 33147

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK
The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: Authorized 1000 15500d 100 1 PAR Value

ARTICLE IV TERM OF EXISTENCE This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are): D

RAYMOND GONZALEZ PRES 12460 SW 46st MIAMI FL 33175

RENE GONZALEZ V. Bres 261 SW 129 AVE MUMINI FL 33184

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## ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

RAYMOND GONZAlez 2766 NW G2st MIRMI FZ 33147

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of incorporation this,

day of 2001

Signature(s) of Incorporator(s)

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes. The undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation: Ambi Services the
The name and address of the registered agent and office is:
RAYMOND GONZATEZ (P.O. BOX NOT ACCEPTABLE)
2766 NW GAST MIAMI FL3314
(CITY/STATE/ZIP)
SIGNATURE
TITLE———————————————————————————————————
DATE Y/19/01
IAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CAPACITY. AND EXERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY. AND EURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES ELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 07.325, FLORIDA STATUTES.
SIGNATURE
DATE (SOI.