

P09000070656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

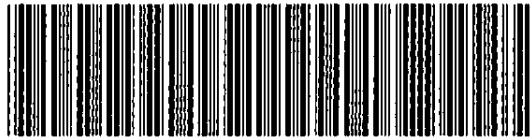
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

no copy 

Office Use Only



600159765866

08/21/09--01025--006 **78.75

FILED

2009 AUG 21 PM 4: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch AUG 21 2009

COVER LETTER

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

SUBJECT: AMBROSE SWEEPING CORPORATION
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: THOMAS AMBROSE
Name (Printed or typed)

6161 MEMORIAL HWY, SUITE 1916
Address

TAMPA, FLORIDA 33615
City, State & Zip

813-447-6731
Daytime Telephone number

ambrose.sweeping@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

AMBROSE SWEEPING CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6161 MEMORIAL HWY, SUITE 1916, TAMPA, FLORIDA 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

STREET SWEEPING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

THOMAS AMBROSE 6161 MEMORIAL HWY, SUITE 1916, TAMPA, FL 33615 PRESIDENT

JENNIFER AMBROSE 6161 MEMORIAL HWY, SUITE 1916 TAMPA, FL 33615 VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

THOMAS AMBROSE

6161 MEMORIAL HWY, SUITE 1916

TAMPA, FL 33615

ARTICLE VII INCORPORATOR

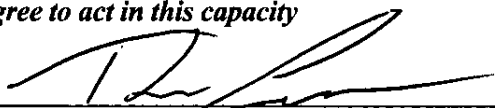
The name and address of the Incorporator is:

THOMAS AMBROSE

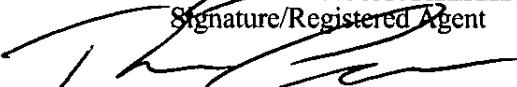
6161 MEMORIAL HWY. SUITE 1916

TAMPA, FL 33615

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

AUGUST 8, 2009

Date

AUGUST 8, 2009

Date

2009 AUG 21 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED