

713000001864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

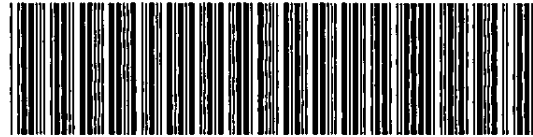
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JAN -1, PM 12:20

FILED

J. Shivers JAN 07 2013

## COVER LETTER

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

SUBJECT: AMBASSADOR AUTO SERVICES INC  
(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 checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Bryan D. Spence

Name (Printed or typed)

3056 S. State Road 7 Bay 60

Address

Miramar, FL 33023

City, State & Zip

(954)983-8450

Daytime Telephone number

wilsonaccountingtax@comcast.net

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: **Ambassador Auto Services, Inc**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3056 S. State Road 7 Bay 60  
Miramar FL 33023

Mailing address, if different is:  
3056 S State Road 7 Bay 60  
Miramar, FL 33023

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

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, county, territory or nation.

**ARTICLE IV SHARES**

The number of shares of stock is: **One Hundred (100)**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Bryan D. Spence  
Address: 17917 S.W. 36th. Street  
Hollywood, FL 33029

Name and Title: Bryan D. Spence, President  
Address: 17917 S.W. 36th. Street  
Hollywood, FL 33029

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

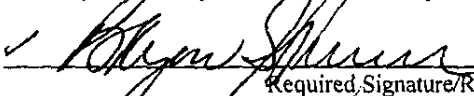
Name: Bryan D. Spence  
Address: 17917 S.W. 36th. Street  
Hollywood FL 33029

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bryan D. Spence  
Address: 17917 S.W. 36th. Street  
Hollywood, FL 33029

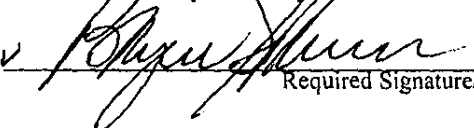
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA