## P14000064240

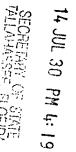
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: LegitimATE ChrisTophe	r DAmbrosio rename-must incl	INC
(PROPOSED CORPORA	FE NAME – MUST INCL	<u>UDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the article	cles of incorporation and	d a check for:
□ \$70.00 □ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	Ambrosio (Printed or typed)	
P.O. Box 1834	ddress	
DANIA FL. 330		
954-243-480 Daytime To	2 elephone number	

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

Floridatransport @ yahoo. Com

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

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

The name of the corpora	ME Legilim	iate Ch	ristopher	DAmbro	osio Inc
ARTICLE II PRI	NCIPAL OFFICE Principal street address		• Mailing a	address, if different:	
ZOIO NE	7 Avenue		J		
UNIT 37		<u> </u>	P.O. Box	1834	
DANIA F	L. 33004		DANIA.	FL. 330	<del>0</del> 4
ARTICLE III PUR	POSE				<del></del>
The purpose for which	the corporation is organized is:	Service	e		
				<u></u>	14
				AILCA LA	
				<u> </u>	- 33 FF
			· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del></del>
				1000 11000 11000 11000	••
				무대	19
ARTICLE IV SHA	ARES IEN	.O			
The number of shares of	Slock is.		•		
ARTICLE V INI	TIAL OFFICERS AND/OR I	DIRECTORS	0		
Name and Titl	e: Christopher DA	<mark>mbrosio</mark> Nar	ne and Title: Re	si den T	
Address	P.O. Box 1834	Add			
	DANIA FL. 330	704			
		_			
Name and Title	<del></del>	Nar	ne and Title:	<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>	
Address	<del></del>	Add	dress:	N	
				117	
			**************************************	. <del>.</del>	
	1				
Name and Title		Nar	me and Title:	$M + \cdots$	
Address	- MA	Add	dress:	<del>``  \</del>	
		<del> </del>		117	
				•	

Name and Title: Address	Name and Title:  Address:	A
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of Name:  Christopher DAmbrosio  Address: Z10 S.W. And PLace  DANIA, FL. 33004	the registered agent is:	APPF ALLAUL 30 SECRETARY OF TAIL ANASSEE
The name and address of the Incorporator is:  Name:  Address:  Name:  NhisTopher  Name:  Address:  NAME:  N	Christopher	D'Ambrosio
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as regimentation.  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are to document to the Department of State constitutes a third degree felony	stered agent and tigree to act i	n this capacity  7/25/14  Date  information submitted in a
ChrisTopher D'Ambrosio		/ Date