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(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(De	ocument Number)	$\overline{}$	
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
		:	

Office Use Only



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MAR 2 2016

S. GILBERT

COVER LETTER

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

SUBJECT: AMBE	ROSE MARINE, INC.				
SUBJECT:	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an or	iginal and one (1) copy of the art	ticles of incorporation and	d a check for:		
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM: B	ERNELL C. WARD Nam	e (Printed or typed)			
68	I E 181ST STREET, SUITE A				
	_	Address			
В	RONX, NY 10457		,		
_	City	State & Zip	-		
71	8-367-6111				
	Daytime 1	Telephone number			
BI	ERNELL.WARD@GMAIL.COM				
	E-mail address: (to be use	d 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)

The name of the corpora	AMBROSE MARINE, INC.		16 MAR 17 PM 1: 12
ARTICLE II PRINC			1:12
7001 NW 20TH COUR	Principal <u>street</u> address	Mailing ad	dress if different is: 5741E
FORT LAUDERDALI			- COMIDA
33313			
ARTICLE III PURP	OSE the corporation is organized is:	EMENT OF MOTOR VESSEI	LS
			<u> </u>
	7001 NW 20TH COURT	Name and Title:	
	FORT LAUDERDALE, FL 33313		
Name and Title		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

Name a	and Title:	Name and Title:
Addres	SS	Address:
		
ARTICLE VI	REGISTERED AGENT	
The name and l	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	JOEL AMBROSE	_ _
Address:	7001 NW 20TH COURT	_
	FORT LAUDERDALE, FL 33313	
ARTICLE VII	INCORPORATOR	
	. —	
The <u>name and a</u>	address of the Incorporator is: BERNELL C. WARD	
Name:	BERNELL C. WARD	<u> </u>
Address.	681 E. 181ST STREET #A	
	BRONX, NY 10457	
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, i	if other than the date of filing:	(OPTIONAL)
(If an effective days after the t		not be more than five business days prior or 90 business
Note: If the dat		le statutory filing requirements, this date will not be listed as s.
	amed as registered agent to accept service of proc I am familiar with and accept the appointment as	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
•		3/9/16
	Required Signature/Registered Agent	Date
I submit this do	ocument and affirm that the facts stated herein a e <u>Department of S</u> tate constitutes a third degree fei	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
		7/0/1
Real	uired Signature/Incorporator	>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	•	