

P22000070917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

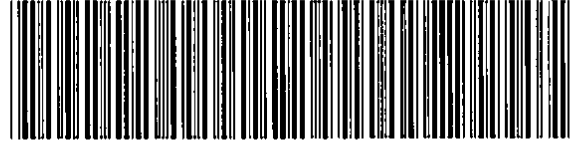
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

D. O'KEEFE
SEP 14 2022

D. O'KEEFE



COVER LETTER

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

SUBJECT: AMBRE GROUP 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Steven Inerfeld
Name (Printed or typed)

10101 East Bay Harbor Dr.
Address

Bay Harbor Island, FL 33154
City, State & Zip

786-489-1068
Daytime Telephone number

Happys5@aol.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: AMBRE GROUP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 10101 East Bay Harbor Dr.
Apt 310
Bay Harbor Island, FL 33154

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Bar

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steven Inerfeld, President Name and Title: _____
Address: 10101 E. Bay Harbor Dr. Address: _____
Apt 310
Bay Harbor Island, FL 33154

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Howard Inerfeld
 Address: 10101 East Bay Harbor Dr. Apt. 310
Bay Harbor Island, FL 33154

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steven Inerfeld
 Address: 10101 East Bay Harbor Dr. Apt. 310
Bay Harbor Island, FL 33154

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Howard Inerfeld _____ Date 9/9/22
 Required Signature/Registered Agent

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.

Steven Inerfeld _____ Date 9/9/22
 Required Signature/Incorporator