

95000063044

TO: DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE  
STATE OF FLORIDA  
409 EAST GAINES STREET  
TALLAHASSEE, FL 32399  
FAX: (904) 922-4000

FROM: EMPIRE CORPORATE KIT COMPANY  
1492 W. FLAGLER ST  
SUITE 200  
MIAMI FL 33135-  
CONTACT: RAY STORMONT  
PHONE: (305) 541-3694  
FAX: (305) 541-3770

(((H95000008978))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.  
NAME: AMBROSE & ASSOCIATES, P.A.  
FAX AUDIT NUMBER: H95000008978 CURRENT STATUS: REQUESTED  
DATE REQUESTED: 08/16/1998 TIME REQUESTED: 13:15:49  
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 0  
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ARTICLES OF INCORPORATION (Professional Service Corporation) OF  
AMBROSE & ASSOCIATES, P.A.

A. Professional Association (P.A.).

The undersigned, all of whom are duly licensed to practice Law in the State of Florida desiring to form a professional corporation in accordance with the Florida Business Corporation Act and the Florida Professional Service Corporation Act adopt the following Articles of Incorporation.

I. NAME

The name of the professional Corporation is Ambrose & Associates, P.A.

II. PURPOSE

The purpose for which the Corporation is organized is to practice the profession of Law.

III. ELECTION UNDER PROFESSIONAL CORPORATION ACT

The Corporation elects to be governed by the provisions of the Florida Professional Service Corporation and Limited Liability Company Act.

IV. DURATION

The term of existence of the Corporation is perpetual.

V. CAPITAL STOCK

The number of shares the Corporation is authorized to issue is 100, all of which shall be common shares with par value of \$1.00.

VI. STATED CAPITAL

The amount of capital with which the Corporation shall begin business to be established in accordance with law and to be established by the Corporation's shareholders.

VII. REGISTERED OFFICE

The street address of the Corporation's initial registered office in this State is 44 West Flagler Street, Fourth Floor, Miami, Florida 33130. The initial registered agent at the registered office is Marcus Ambrose.

VIII. PRINCIPAL OFFICE

Marcus Ambrose, Esq.  
Fl. Bar No. 236047  
21 SE 1<sup>st</sup> Avenue #810  
Miami, FL 33131

190452224000 P.02

TO

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The mailing address of the initial principal office of the Corporation is 44 West Flagler Street, Fourth Floor, Miami, Florida 33130.

**IX. INCORPORATOR**

The names and post office addresses of the incorporator(s) are the following:

Marcus Ambrose  
44 West Flagler Street  
Fourth Floor  
Miami, FL 33130

Said Incorporator(s) is acting on behalf of the initial Board of Directors, who is a duly licensed professional(s).

**X. DIRECTORS**

The initial Board of Directors shall consist of one (1) member(s). The names and addresses of the Board of Directors are the following:

Marcus Ambrose: 44 West Flagler Street, Fourth Floor, Miami, Florida 33130

IN WITNESS WHEREOF, the undersigned incorporator(s) have executed these Articles of Incorporation on August 15, 1995.

  
\_\_\_\_\_  
MARCUS AMBROSE, INCORPORATOR

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

First that Ambrose & Associates, P.A.  
(Name of Corporation)  
desiring to organize under the laws of the State of Florida  
(Florida)  
with its principal office, as indicated in the articles of  
incorporation has named Marcus Ambrose  
(Name of Registered Agent)  
located at Miami, County of Dade  
(City) (County)  
state of Florida, as its agent to accept service of process within  
this state.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN  
THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED  
AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY  
WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND  
COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND  
ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

  
Registered Agent  
MARCUS AMBROSE

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AMBROSIO ASSOCIATES P.A.  
124 S. MIAMI AVE 2ND FL  
MIAMI, FL 33130



Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE, FLORIDA

*Corporately  
Kunde*

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: AMBROSE & ASSOCIATES, P.A.
2. The mailing address of the corporation is: 124 SOUTH MIAMI AVE 2ND FLOOR  
MIAMI, FL 33130
3. Date of incorporation/qualification: Aug 15, 1995 Document number: 19500063044
4. The name and address of the current registered agent and office:  
MARCUS AMBROSE  
44 WEST FLAGLER ST 4TH FLOOR  
MIAMI, FL 33130
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)  
GEORGE COLON  
124 SOUTH MIAMI AVE 2ND FLOOR  
MIAMI, FL 33130

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature] PRESIDENT OCT 4, 1996  
(Signature of an officer, chairman or vice chairman of the board) (Date)  
MARCUS AMBROSE, PRESIDENT  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature] OCT 4, 1996  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

George Colon \_\_\_\_\_  
(Typed or Printed Name) (Capacity)