

P220 0003 9150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

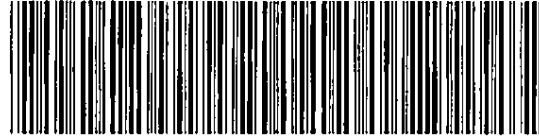
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY 23 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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U.S. DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

D. O'KEEFE

MAY 23 2022

COVER LETTER

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

SUBJECT: Ambassador Car RENTAL 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: EARL BROWN
Name (Printed or typed)

2862 LAKE TOHOPEKALIGA BLVD
Address

KISSIMMEE, FL 34746
City, State & Zip

(470) 358-0351
Daytime Telephone number

Ambassador Trucking INC@gmail.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: Ambassador CAR RENTAL GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: 2867 LAKE TOHOPEKALISA BLVD
KISSIMMEE, FL 34746

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>EARL Brown</u>	President	Name and Title:	_____
Address:	<u>2867 LAKE TOHOPEKALISA</u>	BLVD	Address:	_____
	<u>KISSIMMEE, FL 34746</u>			_____

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

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

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TALLAHASSEE, 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: VINCENT SMITH
 Address: 2862 LAKE TOHOPEKALIGA BLVD
KISSIMMEE, FL 34746

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VINCENT SMITH
 Address: 2862 LAKE TOHOPEKALIGA BLVD
KISSIMMEE, FL 34746


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/20/2022 (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.)

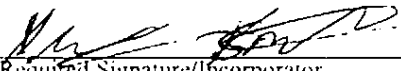
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


 Required Signature/Registered Agent

05/23/2022
 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

05/23/2022
 Date