

P24000028761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

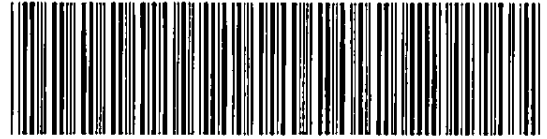
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAR 26 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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2024 APR 26 PM 12:31
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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AMBSIMS & Associates Corp

(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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
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ADDITIONAL COPY REQUIRED

FROM: Antoinette Bowen

Name (Printed or typed)

3753 Esplanade Way

Address

Tallahassee, FL 32311

City, State & Zip

(912) 604-2622

Daytime Telephone number

ambsimsassociates@outlook.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: AMBSIMS & Associates Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3753 Esplanade Way Tallahassee, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

AMBSIMS and Associates Corp envision an ethical marketplace where buyers and sellers
trust each other. They view trust as a combination of integrity (including respect, ethics, intent, and diversity)
and performance (delivering results according to Kingdom Standards and addressing customer concerns promptly)
Foster collaboration among your team members/clients. We do the following:
Listen to Customers: Understand their needs and expectations.
Learn from Competitors: Observe what works for others. We believe that Authenticity matters.

ARTICLE IV SHARES

The number of shares of stock is: 7

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antoinette Bowen, President

Name and Title: _____

Address 3753 Esplanade Way

Address: _____

Tallahassee, FL 32311

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
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: Antoinette Bowen

Address: 3753 Esplanade Way

Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Antoinette Bowen

Address: 12345 Virtual Glory

Tallahassee, FL 32311

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/26/24. (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:

Antoinette Bowen
Required Signature/Registered Agent

4/26/24
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.

Antoinette Bowen
Required Signature/Incorporator

4/26/24
Date