(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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Office Use Only

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: The Atlantic Institu	ute Inc
SCHOLET.	orporation - must include suffix
Dear Sir or Madam:	
	ration for Authorization to Transact Business in Florida," Good Standing" and check are submitted to register the act business in Florida.
Please return all correspondence concerning the Altan Kalayci	this matter to the following:
]	Name of Person
The Atlantic Institute Inc.	
F	Firm/Company
1349 West Peachtree St. N	NW Suite 1010
	Address
Atlanta, GA 30309	
Cit	ity/State and Zip code
altanka@gmail.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	er, please call:
Altan Kalayci	404) 5632425
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee Certificate of Sta	

Certified Copy



November 12, 2013

ALTAN KALAYCI 1349 WEST PEACHTREE ST.NW, SUITE 1010 ATLANTA, GA 30309

SUBJECT: THE ATLANTIC INSTITUTE OF FLORIDA INC

Ref. Number: W13000062550

We have received your document for THE ATLANTIC INSTITUTE OF FLORIDA INC and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 213A00026165

www.sunbiz.org

Division of Communitions D.O. DOV 6997 Well-boson Florida 9991



November 18, 2013

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: Certificate of Existence



TO WHOM IT MAY CONCERN:

Attached is the proper document, certificate of existence of the Atlantic Institute, Inc. We apologize for the misunderstanding. Also attached is a copy of the original letter as requested.

Turan Kilic

Executive Director

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

, The Atlai	ntic Institute Inc			చ
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	AT MOST	NOV 22
-	ntic Institute of Florida Inc			
(If name unavail	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting but	sinéssjin l	Florida)
GA - US	4	_{3.} 46-1605287	ĐÃ.	9
	under the law of which it is incorporated)	(FEI number, if applicab	le)	
_{4.} 10/31/20	12	_{5.} perpetual		
	e of incorporation)	(Duration: Year corp. will cease to exis	st or "perp	etual'')
6.				
	`	s in Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607			
_{7.} 1349 Wes	st Peachtree Street NW S	Suite 1010, Atlanta, GA 3	0309	
•	st Peachtree Street NW S	Suite 1010, Atlanta, GA 3		
•	ot Peachtree Street NW S (Principal office a st Peachtree Street NW Su	Suite 1010, Atlanta, GA 3 ddress) lite 1010, Atlanta, GA 3030		
•	st Peachtree Street NW S	Suite 1010, Atlanta, GA 3 ddress) lite 1010, Atlanta, GA 3030		
1349 Wes	ot Peachtree Street NW S (Principal office a st Peachtree Street NW Su	Suite 1010, Atlanta, GA 3 ddress) ite 1010, Atlanta, GA 3036 ddress)	09	kgrounds.
1349 Wes	Principal office a (Principal office a st Peachtree Street NW Stre	Suite 1010, Atlanta, GA 3 ddress) lite 1010, Atlanta, GA 3036 ddress) xistence between individuals and communities from 6	09 diverse bac	kgrounds.
1349 Wes 8. Facilitating, develo	est Peachtree Street NW S (Principal office a st Peachtree Street NW Su (Current mailing a sping and promoting mutual respect and peaceful coefficients)	Suite 1010, Atlanta, GA 3 ddress) tite 1010, Atlanta, GA 3036 ddress) xistence between individuals and communities from a country to be carried out in state of Florida	09 diverse bac	kgrounds.
1349 Wes 8. Facilitating, develo	(Principal office a Principal office a Peachtree Street NW Street	Suite 1010, Atlanta, GA 3 ddress) tite 1010, Atlanta, GA 3036 ddress) xistence between individuals and communities from a country to be carried out in state of Florida	09 diverse bac	kgrounds.
8. Facilitating, develo (Purpose(s) 9. Name and street Name:	(Principal office a Principal office a Peachtree Street NW Street	ddress) ite 1010, Atlanta, GA 3030 ddress) xistence between individuals and communities from country to be carried out in state of Florida; P.O. Box NOT acceptable)	09 diverse bac	kgrounds.
8. Facilitating, develo	(Principal office a (Principal office a st Peachtree Street NW Str	ddress) ite 1010, Atlanta, GA 3030 ddress) xistence between individuals and communities from country to be carried out in state of Florida; P.O. Box NOT acceptable)	09 diverse bac	kgrounds.

been named as registered agent and to accept service of process for the above stated corporatio designated in this application, 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 obligations of my position as registered agent.

(Registered agent's signature)

^{11.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: ____ Director: _ **B. OFFICERS** President: Altan Kalayci Address: 7370 Glenmaura Way Suwanee, GA 30024 Vice President: Mehmet Kemaletdin Korucu Address: 11485 Bentham Ct Johns Creek, GA 30005 Secretary: _Mustafa Gokhan Sahin 42314 Mill Creek Ave, Alpharetta, GA 30022 Address: Treasurer: Halil Temiz Address: 149-55 20th Ave., Whitestone, NY 11357 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 14. ALTAN KALAYCI - President

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED : October 31, 2012

JURISDICTION

PRINT DATE

:12086367

: Georgia

: 11/10/2013 9:58:23 AM

CERTIFICATE OF EXISTENCE

I, Brian P. Kenip, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

THE ATLANTIC INSTITUTE INC A Domestic Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp Secretary of State

Tracking #: ij5Xopq1

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STATE OF GEORGIA

Secretary of State

Corporation Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF INCORPORATION

I, Brian P. Kemp, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

The Atlantic Institute Inc.

a Domestic Non-Profit Corporation

has been duly incorporated under the laws of the State of Georgia on October 31, 2012 by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on October 31, 2012

> Brian P. Kemp Secretary of State

Control No: 12086367
Date Filed: 10/31/2012 04:47 PM
Brian R. Kemp
Secretary of State

Articles Of Incorporation For Georgia Non-Profit

The name of the corporation is:

The Atlantic Institute Inc

The corporation is organized pursuant to the Georgia Nonprofit Corporation Code.

The principal mailing address of the non-profit:

1349 West Peachtree Street Northwest, Suite# 1010 Atlanta, GA 30309

The Registered Agent is:

Altan Kalayci 1349 West Peachtree Street Northwest , Suite# 1010 Atlanta, GA 30309

County:

The name and address of each incorporator(s) is:

Altan Kalayci Kemal Korucu 7370 Glenmaura Way 11485 Bentham Ct Suwanee, GA 30024 John's Creek, GA 30005

The corporation will not have members.

The optional provisions are:

No optional provisions.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on the date set forth below.

Signature(s):

Date:

Incorporator, Altan Kalayci

10/31/2012