

**F1900000374**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
  
  
  
  
  
  
  
  
**W190000053741**

Office Use Only



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05/22/19--01000--01    \*\*350.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JUL 25 PM 4:08

FILED

Y SCOTT

JUL 30 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2019

ADI H. RAHATLEV  
3804 SW 49 PLACE  
FORT LAUDERDALE, FL 33312

SUBJECT: ATO Z MANAGEMENT INC  
Ref. Number: W19000053741

We have received your document for ATO Z MANAGEMENT INC and your check(s) totaling \$350.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Yvette Scott  
Document Specialist II

Letter Number: 019A00011185

RECEIVED  
JUL 25 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATO Z MANAGEMENT INC.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

<u>ADI H RAHATLEV</u>	Name of Person
	Firm/Company
<u>3804 SW 49 PALCE FORT LAUDERDALE FL 33312</u>	Address
	City/State and Zip code
<u>ADIHAI4U@GMAIL.COM</u>	E-mail address: (to be used for future annual report notification)

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 2019 JUL 25 PM 4:09  
 CLERK OF THE COURT  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

<u>ADI H RAHATLEV</u>	at ( <u>305</u> )	<u>900-7525</u>
Name of Person	Area Code	Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
 Registration Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

**MAILING ADDRESS:**  
 Registration 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 Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.

1. ATO Z MANAGEMENT INC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**A-Z TOTAL MANAGEMENT COMPANY**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WYOMING 3. 83-4672548  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/07/2019 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3804 SW 49 PLACE FORT LAUDERDALE FL 33312  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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TALLAHASSEE, FLORIDA

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: ADI H RAHATLEV

Office Address: 3804 SW 49 PLACE

FORT LAUDERDALE, Florida 33312  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place 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)

10. 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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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TALLAHASSEE FLORIDA

**B. OFFICERS**

President: ADI H RAHATLEV

Address: 3804 SW 49 PLACE

FORT LAUDERDALE FL 33312

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. ADI H RAHATLEV PRESIDENT

(Typed or printed name and capacity of person signing application)

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**ATO Z MANAGEMENT INC**

is a

**Profit Corporation**

formed or qualified under the laws of Wyoming did on **May 7, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000855004**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 16th day of May, 2019 at 12:20 PM. This certificate is assigned 031120617.



*Edward A. Buchanan*  
Secretary of State

FILED  
JUL 25 PM 4:29  
STATE OF WYOMING  
CHEYENNE, WYOMING