TRANSMITTAL LETTER

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

ATLANTIC LIST COMPANY, INC. SUBJECT:

(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

904-646-3605

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

TINA BEINING FROM: Name (Printed or typed) 10944 WHITWORTH COURT Address JACKSONVILLE, FL 32225 City, State & Zip

Daytime Telephone number

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:

ATLANTIC LIST COMPANY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 10944 WHITWORHT COURT JACKSONVILLE, FL 32225

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: Five Thoushand (5,000)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

TINA BEINING 10944 Whitworth Court Jacksonville, FL 32225

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TINA BEINING 10944 Whitworth Court Jacksonville, FL 32225

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