

M21000010172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

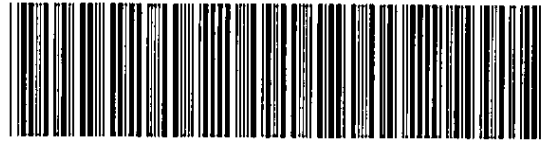
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2021 AUG - 9 AM 8:44
CLERK OF STATE
JULIA S. GRIFFIN

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AUG - 9 2021

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLAS REAL ESTATE GROUP, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ingrid Butcher

Name of Person

ATLAS REAL ESTATE GROUP, LLC

Firm/Company

4625 Se 48Th Place Rd

Address

Ocala, FL 34480

City/State and Zip Code

ingridjbutcher@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ingrid Butcher

Name of Contact Person

at (818)

Area Code

399-6740

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2601 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ATLAS REAL ESTATE GROUP, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

X ATLAS REAL ESTATE GROUP FL, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Nevada

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration;
See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4625 Se 48Th Place Rd

(Street Address of Principal Office)

Ocala, FL 34480

6. P.O. Box 1112

(Mailing Address)

Silver Springs, FL
34488

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

Name:

NCH REGISTERED AGENT

Office Address:

390 North Orange Ave., Ste.2300

Orlando

(City)

, Florida

32801-1684

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

BY: [Signature]

(Registered Agent Signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Ingrid Butcher</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>P.O. Box 1112</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>Silver Springs, FL</u> | <input type="checkbox"/> Authorized | _____ |
| Person | <u>34488</u> | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

2021 AUG - 9 AM 8:44
RECEIVED
SECRETARY
OF THE
TREASURY

FILED

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

Ingrid Butcher

Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ATLAS REAL ESTATE GROUP, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/09/2020, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/07/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202105071654801

You may verify this certificate
online at <http://www.nvsos.gov>

Solomon, Melanie

From: Solomon, Melanie
Sent: Monday, August 09, 2021 8:15 AM
To: 'Ingrid J Butcher'
Subject: RE: Atlas Real Estate Group, LLC

I can send the confirmation letter to the PO box if you prefer?

The filing will be processed today.

From: Ingrid J Butcher <ingridjbutcher@yahoo.com>
Sent: Saturday, August 07, 2021 8:59 PM
To: Solomon, Melanie <Melanie.Solomon@DOS.MyFlorida.com>
Subject: Re: Atlas Real Estate Group, LLC

EMAIL RECEIVED FROM EXTERNAL SOURCE

That's fine...go ahead and do it the way you suggested in the 2nd paragraph of your email.

Here are two questions for you:.....

- (1) When can I expect to receive the completed paperwork in the mail?
- (2) Will you be sending it to my P.O box or to my street address...please let me know

Thanks

Sent from Yahoo Mail on Android

On Fri, Aug 6, 2021 at 9:20 AM, Solomon, Melanie
<Melanie.Solomon@DOS.MyFlorida.com> wrote:

Good morning,

Our office received your corrected paperwork. However, you requested all addresses be changed to a post office box 1112, Silver Springs, FL 34488.

We can change the mailing address and the manager's address. However, the Principal address must be a street address.

Mel

Melanie Solomon



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2021

INGRID BUTCHER
ATLAS REAL ESTATE GROUP, LLC
4625 SE 48TH PLACE RD
OCALA, FL 34480

SUBJECT: ATLAS REAL ESTATE GROUP, LLC
Ref. Number: W21000088573

We have received your document for ATLAS REAL ESTATE GROUP, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please amend the application to include the address you wanted listed on the company. Please note that PO Box is not an acceptable address for the Principal address.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 421A00018653



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2021

INGRID BUTCHER
ATLAS REAL ESTATE GROUP, LLC
4625 SE 48TH PLACE RD
OCALA, FL 34480

SUBJECT: ATLAS REAL ESTATE GROUP, LLC
Ref. Number: W21000088573

ATTN: MEL SOLOMON 7/23/21
FROM: INGRID BUTCHER
TEL# (818)-399-6740
REF. # W21000088573
LETTER # 721A00013599

PLEASE CHANGE ADDRESS TO:
P.O. BOX 1112
SILVER SPRINGS
FL, 34488 THANKS

Please accept our apology for failing to mention this in

The name of your limited liability company is not available since it is the same as, or it is not distinguishable from an existing entity on our records. Therefore, the limited liability company must have an alternate name for use in the state of Florida.

INSTEAD OF CURRENT ONE
LISTED ON APPLICATION FORM
PLEASE CALL ME FIRST

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 721A00013599