

1100000007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certificates of Status

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 AUG 10 AM 11:31  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
11 AUG 10 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CT Corporation

1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960

850 222 1092 tel  
850 878 5368 fax  
www.ctcorporation.com

August 10, 2011

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 8181829 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

ATS Master Trust (DE)  
Qualification  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

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11 AUG 10 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** ATS Master Trust

Enclosed is an original and one (1) copy of the Declaration of Trust and a check for:

**FEES:**

Declaration of Trust	\$350.00
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**OPTIONAL:**

Certified Copy	\$ 8.75
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**FROM:** Mark Joyce  
Name (Printed or typed)

12530 W. Atlantic Blvd.  
Address

Coral Springs, FL 33071  
City, State & Zip

630-925-7681  
Daytime Telephone number



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2011

CT CORPORATION  
ATTN: CONNIE  
\*\*\*WALK-IN\*\*\*

SUBJECT: ATS MASTER TRUST  
Ref: Number: W11000041921

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 8/10

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

A copy of the trust must be attached to the affidavit to file or qualify a trust. The registered agent name is not listed on the affidavit in number three. The certificate of status is not needed to file the trust.

Please return the corrected original and one copy of 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) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 511A00018828

**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE  
TO FILE OR QUALIFY**

ATS Master Trust

A Delaware **TRUST**

In accordance with Section 609.02 of the Florida Statutes, pertaining to  
Common Law Declarations of Trust, the undersigned, the Chairman of the  
Board of Trustees of ATS Master Trust, a  
(Name of Trust)

Delaware Trust hereby affirms in order to file or qualify  
(State)  
ATS Master Trust, in the State of Florida.  
(Name of Trust)

1. Two or more persons are named in the Trust.

2. The principal address is 12530 W. Atlantic Blvd.

Coral Springs, FL 33071

3. The registered agent and street address in the State of Florida is:

CT Corporation System

1200 South Pine Island Road, Plantation, FL 33324

4. Acceptance by the registered agent: Having been named as registered  
agent to accept service of process for the above named Declaration of Trust  
at the place designated in this affidavit, I hereby accept the appointment as  
registered agent and agree to act in this capacity.

Assistant Secretary

Katie Markowski

(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of  
Trust under which the association proposes to conduct its business in  
Florida.

NOTARY

Name

Chairman of the Board of Trustees

Filing Fee: **\$350.00**

Certified Copy: **\$ 8.75 (optional)**

CR2B063(3/00)

11 AUG 10 AM 9:02

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF STATUTORY TRUST REGISTRATION OF "ATS  
MASTER TRUST", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF  
APRIL, A.D. 2011, AT 2:55 O'CLOCK P.M.

FILED  
11 AUG 10 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4970378 8100

110426645

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8702151

DATE: 04-18-11

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:57 PM 04/18/2011  
FILED 02:55 PM 04/18/2011  
SRV 110426645 - 4970378 FILE

CERTIFICATE OF TRUST OF  
ATS MASTER TRUST

This Certificate of Trust (the "Certificate of Trust") of ATS Master Trust (the "Trust"), is being executed and filed by Wilmington Trust Company, as Owner Trustee ("Trustee"), to form a statutory trust under the Delaware Statutory Trust Act (12 Del. C. § 3801 et seq.) (the "Act").

1. Name: The name of the statutory trust formed hereby is ATS Master Trust.
2. Trustee: The name and business address of the Trustee of the Trust in the State of Delaware is: Wilmington Trust Company, Rodney Square North, 1100 N. Market Street, Wilmington, Delaware 19890-0001, Attn: Corporate Trust Administration.
3. Effective Date: This Certificate of Trust shall be effective upon filing.
4. Limitation on Liabilities of Series: The Trust shall be a series trust and may create one or more series as provided in Section 3806(b)(2) of the Act. Notice is hereby given that, to the fullest extent permitted under Section 3804(a) of the Act, the liabilities of each series shall be limited as referenced in Section 3804(a) of the Act.

IN WITNESS WHEREOF, the undersigned, as Trustee on behalf of the Trust, has executed this Certificate of Trust in accordance with Section 3811(a)(1) of the Act.

WILMINGTON TRUST COMPANY, not in its individual capacity but solely as Owner Trustee

By: J. Luce  
Name: Jennifer A. Luce  
Title: Assistant Vice President