# FOOOOOOOS93 Richard Murray Requester's Name 1811 Colonial Or. Address Gran Case Springs, Fl City/State/Zip Phone # 32043

Office Use Only

#### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		
	(Corporation Name)	(Document #)
2.	(Corporation Name)	(Document #)
3.		8000031765789 -03/20/0001132001 ****122.50 *****78.75
	(Corporation Name)	(Document #)
4.	(Corporation Name)	(Document #)
	Walk in Pick up time  Mail out Will wait  NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other Deci	Certified Copy 68  Photocopy Certificate of Status 77  AMENDMENTS  Amendment Resignation of R.A., Officer/Director 77  Change of Registered Agent Dissolution/Withdrawal Merger
Updater g	OTHER FÂGENGS	REGISTRATION/QUALIFICATION
Verifyer  Ackno tec		☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark
		Other

Examiner's Initials

CR2E031(7/97)

F00000001593

# 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. (Na abb or p	ATLANTIC LINK IN me of corporation: mu previations of like important armership if not so co	VESTMENTS, INC. stinclude the word TNC rtin language as will cle ntained in the name at p	CORPORATED arry indicate the present.)	", "COMPANY", "CORPORA at it is a corporation instea		<del></del>
2 (State 4! 6.	STATE OF DELAWARE B or country under the NOVEMBER 24, 1999 (Date of Incorporation UPON AUTHORIZATION	law of which it is incorp	PERPETUAL (Duration; Y	54-1966520 ( FEI number, if applicable ear corp. will cease to exis	)	• •
7. <u> </u>	OULIN POMMIER					
× 8. <u>Re</u> Pi 9. Na	ame and street ad	(VESTMENTS) in	LORIDA DE COUNTY	to be carried out in the star lent:	Europea To of Floridal Solution To Late	n Group in America
	Office Address:	1811 COLONIAL DE		/ iviiua ,	2043 DA Zip Code)	ED
Having corpora register of all st. with and	ed agent and agreed at the second agreed agreed at the agreed accept the abligation of the agreed ag	egistered agent and designated in this a e to act in this capa the proper and compitions of my position in the proper agent's surgestion agent's s	ncity. I further plete perform as registero [] [] [] [] [] [] [] [] [] [] [] [] [] [	ervice of process for the and the arcept the arcept the arcept with mance of my duties, and agent.	he above states appointment as the provisions and I am familia	s s r
11. Atta	ached is a certification to			ted, not more than 90	O days prior to	ı

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 address o	d addresses NLY- P. O.	s of off: Box NoT a	icers and	i/or dire	ctors:(S	tree
		(Street ad	-		<b>~</b> /		
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Treasurer						_	<del></del> .
Address:					<del></del>		<del></del>
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13.	TOTILIONAL	officers a	d/or dir	ectors.	to the ap	plication	m
(Sign	nature of c	lairman, Vice	Chairman	Or approach			_
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Туре	d or printe	d name and co	eretary	Person sim	ing anni-		_
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## State of Delaware

PAGE 1

### Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ALTANTIC LINK INVESTMENTS, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS

THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF

MARCH, A.D. 2000.

FILED

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Edward J. Freel, Secretary of State
0310115

AUTHENTICATION:

03-13-00

DATE: