F04000002046

00855-00734-02943 \$1150,00

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	tusiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	. ^

Office Use Only

11104/2/34



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03/18/04--01032--003 **70.00

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HLM

04 APP 13 TH 3:55

TRANSMITTAL LETTER

Registration Section Division of Corporations

TO:

SUBJECT: ATLANTIC TOWER SERVICES INC. (Name of corporation - must include suffix)				
(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", 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:				
(Name of Person)				
ATLANTIC TOWER SERVICES IN (Firm/Company)				
(Firm/Company)				
PO 130x 33070 -				
(Address)				
PO 130X 33070 - (Address) MEZBOURNE FL 3Z903 - (City/State and Zip code)				
(City/State and Zip code)				
For further information concerning this matter, please call:				
Name of Person) at (321) 7736510 (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 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 S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy				



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 29, 2004

KEVIN CLIFFORD ATLANTIC TOWER SERVICES, INC. P.O. BOX 33070 MELBOURNE, FL 32903

SUBJECT: ATLANTIC TOWER SERVICES, INC.

Ref. Number: W04000012134

We have received your document for ATLANTIC TOWER SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

Please return 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) 245-6967.

Letter Number: 304A00020477

Michelle Hodges **Document Specialist**

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.

Enter name of c	corporation; must include "INCORPORA Corp." "Inc.," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION	ON,"	
ATS (If name unavail	able in Florida, enter alternate corporate	name adopted for the purpose of transac	ting business in Florida)	• .
	under the law of which it is incorporated			. –
	10/2000 sof incorporation)			
·	o/ 2003 cted business in Florida. If corporation b	•	• • •	·
	(SEE SECTIONS 60)	7.1501, 607.1502 and 817.155, F.S.)		2714
P.O.	DOUGLAS AVE S (Principal office Box 33.070, MELS (Current mailing	ovale p 32903	<u> </u>	T. 1. 1 *
8. Purpose	FVICE EXISTMG (S) of corporation authorized in home state	e or country to be carried out in state of I		
	ect address of Florida registered ag			
Name:	Kerin CLIFFORD		<u>.</u>	F 1 3 7 7 8
Office Address:	PO BOX 33070		1111	\$ \$ \$ 5
	PO BOX 33070 MUZ 30URNOS (City)	, Florida 32903	PH 3: 51	أمسا
		(Zip code)		
Having been nan designated in this further agree to c	gent's acceptance: sed as registered agent and to accept application, I hereby accept the app comply with the provisions of all state r with and accept the obligations of n	pointment as registered agent and ag utes relative to the proper and compl	ree to act in this capacity.	Į
_	26/			
	(Registered agent's sign	ature)		

11. 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.

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

A. DIRECTORS	• •
Chairman:	
Atidress:	
	•
Vice Chairman:	
Address:	
Director	
Director:	
Address:	
	_ ,
Director:	•
Address:	T
B. OFFICERS	
President: KENIN CLIFFORD	
Address: PO BOX 33070 MEZ BOURNE, FC 1329	03 03
Vice President: 54MC	
Address:	
Secretary: Sanc	·-
Address:	
Treasurer: LAME	
Address:	,
Address.	
NOTE: If necessary, you may attach an addendum to the application listing additional off	icers and/or directors.
13	
(Signature of Director or Officer listed in number 12 of the application)	
14. Kevin CV1950RD, PRESEDENT (Typed or printed name and capacity of person signing application	·
(a yped or printed name and capacity of person signing application	1)

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 040710486
CONTROL NUMBER : 0022013
DATE INC/AUTH/FILED: 05/10/2000
JURISDICTION : GEORGIA
PRINT DATE : 03/11/2004
FORM NUMBER : 211

ATLANTIC TOWER SERVICES INC. KEVIN CLIFFORD POB 33070 IDIALANTIC, FL 32903

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ATLANTIC TOWER SERVICES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facle evidence that said entity is in existence or is authorized to transact business in this state.



Aury Cop

Cathy Cox Secretary of State