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(Requestor's Name)
(10)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  GAVE AUTHORIZATION BY PHONE TO CORRECT
DATE DOC. EXAM
Office Use Only



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TALLAHASSEE, FLORIE

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Bethel Park, PA 15102

Phone: 412/833-6257 Fax: 412/833-9561

A WBE Corporation

E-mail: airtechnologyinc@gmail.com

January 28, 2010

Division of Corporations Amendment Section Attn: Justin P.O. Box 6327 Tallahassee, FL 32314

Dear Justin:

I, Rita D. Rigas, as President and sole owner of ATI Air Technology, Inc. am dissolving the company in Florida and am releasing the name for use.

Sincerely,

Rita D. Rigas President

RDR/slp

HECEIVED

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### **COVER LETTER**

TO: New Filing Se Division of Co			
SUBJECT:	AirTechi	no logy Inc	
	Name of corporat	ion - must include suffix	
Dear Sir or Madam:			
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Rita D.	Rigas at (41)	+) 833-62	257
Name of Perso	on J Are	ea Code & Daytime Teleph	one Number
New Filing Sec Division of Co Clifton Buildir	rporations ng e Center Circle	MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check for	the following amount:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

## 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.	Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
	ATI Air Technolosy, Inc.
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2.	PA 3. 25-1900 <b>0</b> 61
(	(State or country under the law of which it is incorporated)  3. 25-190066  (FEI number, if applicable)
4.	(Date of incorporation)  5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	NIA
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7	9438 US Highway 19N, #341, Port Richey, FL 34468 (Principal office address)  PMB 324, 7228 Baptist Road, Bethel Park, PA 15102 (Current mailing address)
_	PMB 324 7228 Baptist Road, Bethel Park, PAISION
	(Current mailing address)
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
9.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
	Name: Rita D. Rigas
Of	Name: Rita D. Rights  Fice Address: 9438 US Highway 19N, #341  Port Richey, Florida 34668  (City) (Zip code)
	(City) (Zip code)

10. Registered agent's acceptance:

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

(Registered agent's signature)

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: N/A Address: Vice Chairman: N/A Address: \_\_ Director: $\mathcal{N}/\mathcal{A}$ **B. OFFICERS** Kaptist Rd Address: \_\_\_\_ Kigas Vice President: ドイマ Baptist Ra. Address: aas Secretary: フシシ& Address: Treasurer: Address: NOTE: If necessary, you, may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) Rigas President (Typed or printed name and capacity of person signing application)

#### COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

**JANUARY 20, 2010** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AIR TECHNOLOGY, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth