

F15000002935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

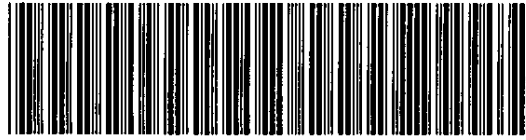
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 JUL -6 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. 2015 JUL 7 2015

COVER LETTER

TO: Registration Section
Division of Corporations

Pan Atlantic Associates, Inc.

SUBJECT: _____
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," or "Certificate of Good Standing" 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:

Samantha Jackson

Name of Person
Meriam Corporate Services, Inc.

Firm/Company
PO Box 52588

Address
Mesa AZ 85208

City/State and Zip code
meriamfinancial@gmail.com

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

For further information concerning this matter, please call:

Samantha Jackson 720 318.8456

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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
- \$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. Pan Atlantic Associates, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York _____ 3. 47-3099804

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/11/2015 _____ 5. _____

(Date of incorporation) (Date of duration, if other than perpetual)

6. 07/01/2015 _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 19 W Flagler St Ste 924 Miami FL 33130

(Principal office address)

1150 Sixth Ave Fl 5 New York NY 10036

(Current mailing address, if different)

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

Name: Justin Cobb


Office Address: 19 W Flagler St Ste 924

Miami _____, Florida 33130

(City) (Zip code)

9. 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)

10. 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.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Justin Cobb

Address: 19 W Flagler St Ste 924

Miami FL 33130

Vice Chairman: Justin Cobb

Address: 19 W Flagler St Ste 924

Miami FL 33130

Director: Justin Cobb

Address: 19 W Flagler St Ste 924

Miami FL 33130

Director: _____

Address: _____

B. OFFICERS

President: Justin Cobb

Address: 19 W Flagler St Ste 924

Miami FL 33130

Vice President: Justin Cobb

Address: 19 W Flagler St Ste 924

Miami FL 33130

Secretary: Justin Cobb

Address: 19 W Flagler St Ste 924 Miami FL 33130

Treasurer: Justin Cobb

Address: 19 W Flagler St Ste 924 Miami FL 33130

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Justin Cobb, President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of PAN ATLANTIC ASSOCIATES, INC. was filed on 02/11/2015, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 26th day of June two
thousand and fifteen.*

Anthony Scardino

Executive Deputy Secretary of State