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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

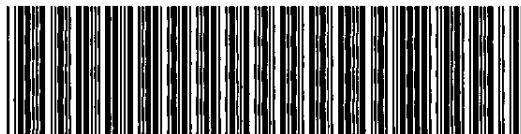
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 FEB -8 P 5:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 09 2016

**S MASON**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
ATLANTIC SYSTEMS, 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:  
KIRTI DESAI, CPA

\_\_\_\_\_  
Name of Person  
STAR ACCOUNTING SERVICES INC

\_\_\_\_\_  
Firm/Company  
48 BRIDGE STREET

\_\_\_\_\_  
Address  
METUCHEN, NJ 08840

\_\_\_\_\_  
City/State and Zip code  
kirti@staraccounting.net

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

For further information concerning this matter, please call:

KIRTI DESAI                      732                      662-5170  
\_\_\_\_\_  
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.*

ATLANTIC SYSTEMS, INC

1.

(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)  
NEW JERSEY 22-2596864

2.

(State or country under the law of which it is incorporated)  
MARCH 26, 1985

3.

(FBI number, if applicable)

4.

(Date of incorporation)  
JANUARY 4, 2016

5.

(Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
13204 SANCTUARY COVE DR, #204, TEMPLE TERRACE, FL 33637

7.

(Principal office address)  
SAME

(Current mailing address, if different)

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

PETER DAVITT

Name:

13204 SANCTUARY COVE DR, #204

Office Address:

TEMPLE TERRACE

33637

(City)

Florida

(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.*

X



(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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TAMMSEEE FLORIDA

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

**A. DIRECTORS**

ANIL REDDY

Chairman: 7 BATTISTA COURT

Address: SAYREVILLE, NJ 07782

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

PAUL COWAN

President: 1226 TAMARACK ROAD

Address: FORKED RIVER, NJ 08731

ANIL REDDY

Vice President: 7 BATTISTA COURT

Address: SAYREVILLE, NJ 07782

ANIL REDDY

Secretary: 7 BATTISTA COURT, SAYREVILLE, NJ 07782

Address:

Treasurer:

Address:

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

12. X

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. ANIL REDDY .. PRESIDENT

(Typed or printed name and capacity of person signing application)

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2018 FEB - 8 P 5:02  
CLERK OF STATE  
TAMM HOUSE  
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**ATLANTIC SYSTEMS, INC.**  
0100255265

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on March 26, 1985.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

ANIL REDDY  
1720 ROUTE 34  
WALL TOWNSHIP NJ, NJ 07719



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
8th day of January, 2016

Ford M. Scudder  
Acting State Treasurer

Certificate Number : 6008046299

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_CERT.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_CERT.jsp)