

F16000000904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

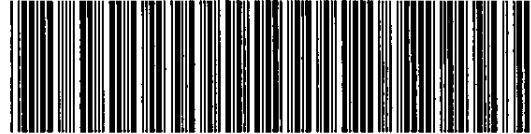
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/26/16--01011--002 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 FEB 26 P 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ATUM SERVICES, INC.

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:

CARLA CAREY

Name of Person

ATUM SERVICES, INC

Firm/Company

1500 W CYPRESS CREEK ROAD STE. 402

Address

FORT LAUDERDALE, FLORIDA 33309

City/State and Zip code

CARLACAREY@BLUEPLANET.GLOBAL

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

For further information concerning this matter, please call:

CARLA CAREY

Name of Person

at (954) 492-1721

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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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. **ATUM SERVICES, INC**

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

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

2. **DELAWARE**

(State or country under the law of which it is incorporated)

3. **20-3655266**

(FEI number, if applicable)

4. **10/6/2005**

(Date of incorporation)

5. **PERPETUAL**

(Duration. Year corp. will cease to exist or "perpetual")

6. **NONE**

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

7. **808 S. SHARY ROAD STE 5 PMB 321 MISSION TX 78572**

(Principal office address)

1500 W CYPRESS CREEK ROAD STE 402 FORT LAUDERDALE, FL 33309

(Current mailing address)

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

Name: **SCOTTY MURCH**

Office Address: **1500 W CYPRESS CREEK ROAD STE 402**

FORT LAUDERDALE

(City)

Florida **33309**

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB 28 4:34

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: **SAMUEL R KENNEDY**

Address: **1328 TURNER ROAD BELLEFONTAINE, OH 43311**

Director: **DAVID MCEWEN**

Address: **21 DELLINGBURN STREET**

GREENOCK, SCOTLAND PA 154TP GB

B. OFFICERS

President: **SAMUEL R. KENNEDY**

Address: **1328 TURNER RD. BELLEFONTAINE, OH 43311**

Vice President: _____

Address: _____

Secretary: **DAVID MCEWEN**

Address: **21 DELLINGBURN STREET GREENOCK, SCOTLAND PA 154TP GB**

Treasurer: _____

Address: _____

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 12 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. **SAMUEL R. KENNEDY**

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

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2016 FEB 26 PM 4:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ATUM SERVICES, 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 EIGHTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE
BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE
BEEN PAID TO DATE.



4041715 8300

SR# 20160667341

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 201799804

Date: 02-08-16