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THE SECRETARY OF STAIR

NITALIASSEE FLORID.

~ nlein ~

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Atlas FinTech Holdi				
SUBJECT: 1		- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corpora	ertificate of Good Star	ding" and check are sub		
Please return all correspondence	concerning this matter	to the following:		
Sharon Hill				
	Name of	Person	TALL SE	
AtlasBane Holdings, Corp.				
	Firm/Com	pany	22 2 2	
301 S. Missouri Avenue				
	Addre	ess		
Clearwater, FL 33756			Sign in the second seco	
	City/State a	nd Zip code	<u> </u>	
shill@atlasbanc.com				
	address: (to be used t	or future annual report	notification)	
For further information concerning	ng this matter, please o	all:		
Sharon Hill at (727) 446-6660, ext. 128				
Name of Person	Area Cod	e Daytime Telep	hone 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 follow	ving amount:			
	75 Filing Fee & fificate 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.	Atlas FinTech Holdings Corp.						
	(Enter name of corporation; must include "INCORPORATED "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	,"	"COMPANY," "CORPORATION	"			
		_					
	(If name unavailable in Florida, enter alternate corporate name	ac	lopted for the purpose of transacting	g business in Florida)			
2.	Delaware 3.	. 8	31-2903297				
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)				
4.	06/03/2016 5.	. F	perpetual				
	(Date of incorporation)		(Date of duration, if other than perpetual)				
6.							
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1		•	ly)			
7.	301 S. Missouri Avenue, Clearwater, FL 33756						
•	(Princi	ipa	l office address)				
	301 S. Missouri Avenue, Clearwater, FL 33756			크^ _			
	(Current maili	ing	address, if different)				
8.	Name and street address of Florida registered agent: (P.	О.	Box NOT acceptable)	FILE JW 17 Allassee			
	Name: Sharon Hill						
Oi	ffice Address: 301 S. Missouri Avenue		<u> </u>	D STATE CONDA			
	Clearwater		, Florida <u>33756</u>				
	(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.

Slaven Jull
(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: John M. Schaible Address: 301 S. Missouri Avenue Clearwater, FL 33756 Vice Chairman: Daniel Caamano V. Address: 301 S. Missouri Avenue Clearwater, FL 33756 Director: ___ Director: __ 6 Address: **B. OFFICERS** 1 President: Daniel Caamano V Address: 301 S. Missouri Avenue Clearwater, FL 33756 Vice President: Address: ___ Secretary: Address: Treasurer: Sharon Hill Address: 301 S. Missouri Avenue, Clearwater, FL 33756 NOTE: If percessary, you may dyach as 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. John M. Schaible. Chairman & CEO

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ATLAS FINTECH HOLDINGS CORP." 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 TWENTY-SEVENTH DAY OF JUNE, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATLAS FINTECH HOLDINGS CORP." WAS INCORPORATED ON THE THIRD DAY OF JUNE, A.D. 2016.

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

16 JUN 17 MI II: 32 SECRETARE OF STATE



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Authentication: 202564516

Date: 06-27-16

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