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(Re	equestor's Name)	
(Ad	ldress)	
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(Cir	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SLOREDARY OF STATE

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The Chiurazzi Law Group



ATTORNEYS AT LAW 101 SMITHFIELD STREET PITTSBURGH, PA 15222

Phone (412) 434-0773 Toll Free: 1-866-434-0773 Fax: (412) 434-0776

www.chiurazzilawgroup.com www.thepittsburghattorneys.com

October 31, 2018

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

Re: Atlanta Steel, Inc.

Dear Sir/Madam:

Enclosed please find a Cover Letter, Application by Foreign Corporation for Authorization to Transact Business in Florida and a copy of the Commonwealth of Pennsylvania Department of State Subsistence Certificate. Please process these forms for filing as soon as possible. Copies of the same are enclosed to be time stamped and returned to me in the enclosed stamped return envelope. I have also enclosed this firm's check in the amount of \$87.50 to cover the filing fee.

Thank you for your cooperation and assistance in this matter. If you have any questions or require anything further, please do not hesitate to contact my office.

Very truly yours,

Wa**√**ne M. Chiurazzi

WMC:tap Enclosures

COVER LETTER

TO:	Registration Section Division of Corporations					
SLIRI	Atlanta Steel, Inc.					
3000		of c	orporation -	must in	clude suffix	
Dear S	ir or Madam:					
"Certif	iclosed "Application by Foreign C ficate of Existence," or "Certificat referenced foreign corporation to	e of	Good Stand	ling" and	d check are sub	
	return all correspondence concert M. Chiurazzi, Esq.	ing	this matter (to the fo	llowing:	
			Name of P	erson		·
The Cl	niurazzi Law Group					
101 Sn	nithfield Street		Firm/Comp	pany		
			Addres	is	,	
Pittsbu	rgh, PA 15222					
wchiur	azzi@the-attorneys.com	С	ity/State and	d Zip co	de	
	E-mail addres	s: (t	o be used fo	r future	annual report i	notification)
For fur	ther information concerning this r	natte	er, please ca	dl:		
Wayne	M. Chiurazzi, Esq.	21 (412	434-0773		
	Name of Person			-/i	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		SS:			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclos	ed is a check for the following am	ount	l:			
57 0	0.00 Filing Fee	-		\$78.75 Certifie	Filing Fee & d Copy	■ \$87.50 Filing Fee. Certificate of Status &

FILED

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.

(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)	
Pennsylvania		26-3965837 3.	
(State or countr		3. (FEI number, if applicable)	,
January 6, 2009	•	5.	
(Date	of incorporation)	5(Date of duration, if other than perpetual)	
16436 Carrara W		.1502, F.S., to determine penalty liability)	
16436 Carrara W	ay, Unit 301, Naples, FL 34110	1502. F.S., to determine penalty liability) Property Property	18 NOV -
	ay, Unit 301, Naples, FL 34110 (Prince) (Current mai	cipal office address) Columbia iling address, if different)	-6 PH
	ay, Unit 301, Naples, FL 34110 (Princ	cipal office address) Columbia iling address, if different)	9-
. Name and stree Name:	(Prince) (Current mainst address of Florida registered agent: (F	cipal office address) Columbia iling address, if different)	-6 PH
. Name and stree	(Prince) (Current mainst address of Florida registered agent: (Factorial of Thomas M. Leonard 16436 Carrara Way, Unit 301 Naples	cipal office address) Columbia iling address, if different)	-6 PH

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 occupit 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Thomas M. Leonard 16436 Carrara Way, Unit 301, Naples, FL 34110 Address: _ Vice Chairman: ___ Lindsey E. Leonard 16436 Carrara Way, Unit 301, Naples, FL 34110 Address: Director: _ **B. OFFICERS** Thomas M. Leonard President: 16436 Carrara Way, Unit 301, Naples, FL 34110 Address: __ Vice President: Address: _ Lindsey E. Leonard 16436 Carrara Way, Unit 301, Naples, FL 34110 Address: Lindsey E. Leonard Treasurer: 16436 Carrara Way, Unit 301, Naples, FL 34110 Address: may attachen addendam to the application listing additional officers and/or directors. NOTE: If necessary, vo 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 1 third degree felony as provided for in s.817.155, F.S. Thomas M. Leonard, President

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

10/15/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Atlanta Steel, Inc.

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

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

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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

Acting Secretary of the Commonwealth

Certification Number: TSC181015141220-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify