Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400

Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

adamkidan@yahoo.com Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Atlantic Solutions Group Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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.

Oblaware (State or country under the late 11/07/2018 (Date of incorporat Country under the late 11/07/2018 (Date of incorporat Country under the late 11/07/2018	w of which it is incorporated) 5 ion)	83-2442208 (FEI number, if appli	icable)	
(State or country under the last 11/07/2018). (Date of incorporation)	w of which it is incorporated)	(FEI number, if appli	icable)	•
·	ion)			
		(Date of duration, if other than perpetual)		•
1219 Lomita Blvd. Suite 201 H	(Principal	office address) address, if different)	2019 001	71
	Florida registered agent: (P.O. I Agents Inc.	Box <u>NOT</u> acceptable)	-h PH 43	
7901 4th S Office Address:	treet N, Ste 300			
St. Petersbi				
_ .	(City)	(Zip code)		

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:

. DIRECTORS
hairman:
ddress:
ice Chairman:
ddress:
irector:
ddress:
irector:
ddress:
. OFFICERS
Adam Kidan esident:
ddress: 1073 Stillwood Circle, Lititz PA 17543
ice President:
ddress:
ecretary:
ddress:
reasurer:
ddress:
OTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
Signature of Director or Officer he officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein e true and that he or she is aware that false information submitted in a document to the Department of State constitute third degree felony as provided for in s.817.155, F.S.
Adam Kidan, President
(Typed or printed name and capacity of person signing application)

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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ATLANTIC SOLUTIONS GROUP 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 FOURTH DAY OF OCTOBER, A.D. 2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATLANTIC SOLUTIONS GROUP INC." WAS INCORPORATED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2018.

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

Authentication: 203728327

Date: 10-04-19

7137124 8300 SR# 20197390211

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