F200000002109

Office Use Only



300344026333

05/04/20--01025--010 **78.75

2828 MAY - 4 PM 3:58

MAY 0 6 2020 M. SOLOMON

COVER LETTER

TO:	-	tration Section on of Corpo					
SUBJI	ECT:	ATP Profess	ionals, Inc.				
S S 2244			Name of co	orporation - m	ust include suffix		
Dear S	ir or Ma	adam:					
"Certif	icate of	`Existence."		Good Standing	" and check are sub	et Business in Florida," mitted to register the	
Please	return a	all correspor	dence concerning t	his matter to t	ne following:		
Shana I	l.comar						
				Name of Pers	on		
ATP FI	light Sch	nool					
				Firm/Compan	y'		
1555 T	he Gree	ns Way					
				Address			
Jackson	nville Be	each, FL, 322	50				
			Ci	ty/State and Z	ip code		
shana.b	comar@	allatps.com					
			E-mail address: (to	be used for fi	iture annual report is	otification)	
For fur	ther inf	ormation co	ncerning this matte	r. please call:			
Shana l	Loomar		at (908	672-0383 Daytime Telepl		
	Name	e of Person		Area Code	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please r		eck payable t	e following amount o: FLORIDA DEPA S78.75 Filing Fo Certificate of St	RTMENT OF	STATE 8.75 Filing Fee & ertified Copy	S87.50 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.

(II name unavail	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting busines	ss in Florida)		
Delaware		3. 27-4273249	27-4273249		
	y under the law of which it is incorporated)	(FEI number, if applicable)	1		
(Date of incorporation)		5. N/A			
(Date of incorporation)		(Date of duration, if other than perp	(Date of duration, if other than perpetual)		
N/A 					
	(Date first transacted business)	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)			
1555 The Greens	Way, Jacksonville Beach, FL 32250	, , , , , , , , , , , , , , , , , , ,	.:	~ =	
7. (Principal office street address)				6/2	
	·		#### #####	HAY	
-	(Current mai	iling address, if different)	- T	2828 MAY -4	
				~o	
				<u>-</u> K	
. Name and <u>stre</u>	et address of Florida registered agent: (1	P.O. Box NOT acceptable)	(5) 2.1 (2) 2.1	رب	
. Name and <u>stre</u> Name:	et address of Florida registered agent: (I Shana Loomar	P.O. Box NOT acceptable)	20 20 20 20 20 20 20 20 20 20 20 20 20 2	3: 5 ₈	
Name:		P.O. Box <u>NOT</u> acceptable)	ESTAP	3: 58	
	Shana Loomar		ED COM ED COM THE AM THE STATE THE	S	
Name:	Shana Loomar 1555 The Greens Way		ED Am To Am To Am To Am To Am To Am	S	
Name: Office Address:	Shana Loomar 1555 The Greens Way Jacksonville Beach (City)	Florida	ED OFF	S	
Name: Office Address: Registered ag	Shana Loomar 1555 The Greens Way Jacksonville Beach (City) ent's acceptance: ned as registered agent and to accept sea	. Florida 32250 (Zip code)		58	
Name: Office Address: Registered ag Javing been nan esignated in this	Shana Loomar 1555 The Greens Way Jacksonville Beach (City) ent's acceptance: ned as registered agent and to accept sear application, I hereby accept the appoint	. Florida 32250 (Zip code)	in this capac	58	

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.

A. DIRECTORS				
□Chairman	Name:	Chairman	Jim Koziarski Name: 1555 The Greens Way Address: Jacksonville Beach, FL 32250	
□Vice Chairman	Address: 1555 The Greens Way	□Vice Chairman		
■Director	Jacksonville Beach, FL 32250			
President		□President		
□Vice President		■ Vice President		
■ Secretary	■ Treasurer	☐ Secretary	□Treasurer	
□Other	Other	Other	Other	
□Chairman	Name:	_ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		_ Director		
□President		□President		
□Vice President		_ □ Vice President	22 22 37 37 47 47	
☐ Secretary	□Treasurer	□Secretary	□Treasurer →	
□Other	□(Other	□Other	.75	
			第一 公 電影 の	
□ Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□ Secretary	□Treasurer	
□Other	□Other	Other	Other	
individuals may be	Signature of I	Department of State Annual Re	eport form.	
	ctor signing this document (and who is listed i alse information submitted in a document to th		nat the facts stated herein are true and that he of ates a third degree felony as provided for in	

Typed or printed name and capacity of person signing application)

13. ____

TLED



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

DELAWARE, DO HEREBY CERTIFY "ATP PROFESSIONALS, 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 TENTH DAY OF APRIL, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATP

PROFESSIONALS, INC" WAS INCORPORATED ON THE SIXTEENTH DAY OF

DECEMBER, A.D. 2010.

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

Authentication: 202749904

Date: 04-10-20