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T GLASS MAY 15 2020

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: AATDM INC.					
	Name of corporat	ion - must	include suffix	· 	
Dear Sir or Madam:					
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporate	rtificate of Good S	ltanding" ar	nd check are sub	act Business in Flor omitted to register t	ida," he
Please return all correspondence of	concerning this ma	tter to the f	ollowing:		
James Morrow					
	Name	of Person			
AATDM Inc.					
	Firm/C	ompany		·	
70 Christopher Columbus Drive #11	05				
	Ac	ldress			
Jersey City, NJ 07302					
	City/Stat	e and Zip c	ode		
Jim@aatdm.com					
E-mail	address: (to be use	d for future	e annual report	notification)	:
For further information concerning this matter, please call:		: :: :: ::			
James Morrow	Name of Person at (212) 843-3277 Area Code Daytime Telephone Number				
Name of Person	Area C	ode	Daytime Telep	hone Number	
STREET/COURIER AT Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303	:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
		□ \$78.75	ATE Filing Fee & ed Copy	S87.50 Filing Certificate o Certified Co	f Status &

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.

(Enter name of c	corporation: must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
AATDM FL IN	JC.		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busi	iness in Florida)
Delaware	3	83-1629311	
(State or countr	ry under the law of which it is incorporated)	(FEI number, if applicab	ole)
08/09/2018	5		
(Date	of incorporation)	(Date of duration, if other than p	erpetual)
04/01/2020			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02. F.S., to determine penalty liability)	
70 Christopher C	olumbus Drive #1105, Jersey City, NJ 07302		
	(Principal offic	ce street address)	
Name and stree	(Current mailing et address of Florida registered agent: (P.O Xiao Yuan	g address, if different) . Box <u>NOT</u> acceptable)	20129
Tice Address:	6200 SW 42nd Street		-
	Palm City	, Florida	• -
	(City)	(Zip code)	= 7
iving been nam signated in this other agree to c	ent's acceptance: ned as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my pos	ent as registered agent and agree to a lative to the proper and complete per	ು poration at the p act in this capac
_	(Registered agent's sig		

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS					
□Chairman	Name; James Morrow	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	327 ESSEX STREET	Director			
■ President	STIRLING, NJ 07980	□President			
□Vice President		□Vice President			
■ Secretary	■ Treasurer	☐ Secretary	□Treasurer		
Other	Other	Other	☐Other		
	Name: Xiao Yuan Address: 6200 SW 42nd Street	□Chairman □Vice Chairman	Name:		
Director	Palm City, FL 34990	□Director			
□President		□President			
■ Vice President		☐ Vice President			
☐ Secretary	☐Treasurer	☐ Secretary	☐Treasurer 🚊		
□Other	□Other	□Other	Other ·		
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director	Name:		
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other	Other	□Other	□Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. James Morrow (President)					



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

DELAWARE, DO HEREBY CERTIFY "AATDM 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 THIRTIETH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AATDM INC." WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2018.



Authentication: 202682404

Date: 03-30-20