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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:\_

## FOREIGN PROFIT/NONPROFIT CORPORATION

Atlas Innovative Services, Inc.

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

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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1.	Attan asset include "INCORPO	novative Services, Inc.  RATED," "COMPANY," "CORPORATION,"	
(Enter name of cor "Inc.," "Co.," "Cor	p," "Inc." "Co," or "Corp.")	,	
de la	la in Florida, enter alternate colpori	ate name adopted for the purpose of transacting business in	Florida)
(If name unavailable in Florida, enter alternate of passes		76-0605511  3. (FEI number, if applicable)	
2	de the law of which it is incorre	(FEI number, if applicable)	
(State or country	under the raw of which it is mostly v	·····,	
4	(Cincorporation)	5. (Date of duration, if other than perpetur	nl)
(Date o	of incorporation)	2020	
6	June 1, 4	business in Florida, if prior to registration)	
	(SPE SECTIONS 607.150)	1 & 607.1302, 1.3., to determine permity	
	220 S	Shreve Street, Punta Gorda, FL 33950	~;
7(Principal office address)		• • • • • • • • • • • • • • • • • • • •	
			·
	(Cur	rrent mailing address, it different)	
		rrent mailing address, it different)	
8 Name and stree			
	t address of Florida registered a	gent: (P.O. Box <u>NOT</u> acceptable)	· · · · · · · · · · · · · · · · · · ·
8. Name and <u>stree</u> Name:	t address of Florida registered a	gent: (P.O. Box <u>NOT</u> acceptable)	· · · · · · · · · · · · · · · · · · ·
	t address of Florida registered a C T Corporation System 1200 South Pine Island Road	gent: (P.O. Box <u>NOT</u> acceptable)	
Name:	t address of Florida registered a C T Corporation System 1200 South Pine Island Road	gent: (P.O. Box <u>NOT</u> acceptable)	· · · · · · · · · · · · · · · · · · ·
Name:	t address of Florida registered a C T Corporation System 1200 South Pine Island Road	gent: (P.O. Box <u>NOT</u> acceptable)	· · · · · · · · · · · · · · · · · · ·
Name: Office Address:  9. Registered ag Having been nan designated in this	C T Corporation System  1200 South Pine Island Road  Plantation,  (City)  ent's acceptance: and as registered agent and to a a application, I hereby accept the comply with the provisions of all familiar with and accept the ob-	gent: (P.O. Box <u>NOT</u> acceptable)	tion at the place

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.

(Registered agent's signature)

By:

II. Name	s and business addresses of officers and/or directors:	
a. dire	CTORS	
Chairman:		
Address: _		
Vice Chair	man:	
Vadiess:		
Director:	Thomas H. Tripp	
Address:	220 Shreve Street, Punta Gorda, Pt. 33950	
Director:	Mark Ludwig	
Address:	242 Washington Street, Pembroke, MA 02359	
	FICERS Thomas II, Tripp	3
Address:	220 Shreve Street, Punta Gorda, PL 33950	
Vice Pre	Mink Ludwig	
Address	242 Washington Street, Pembroke, MA 02359	<u>, ,</u>
Secreta	Thomas H. Tripp	
Addres	220 Shreve Street, Punta Gorda, FL 33950	<u> </u>
•	Thomas H. Tripp	
Addana	220 Shreve Street, Punta Gorda, Pt. 33950	
NOTI	and an addendum to the application listing additional officers and/or	directors.
12	Signature of Director or Officer	
and bu	ifficer or director signing this document (and who is listed in number 11 above) directly according to the Department of the under the department of the department of the department of the provided for in \$.817.155, F.S.	icts stated herein f State constitutes
	Thomas ii. Tripp, ries.dem	
15	(Typed or printed name and capacity of person signing application)	

To: 18506 #76383- Page: 5 of 5 2021-01-29 10:42 20 CST 16:44554862 From: James Tanks III



## **The Commonwealth of Massachusetts** Secretary of the Commonwealth State Rouse, Boston, Bassachusetts 02188

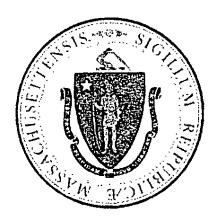
Date: January 28, 2021

To Whom It May Concern:

I hereby certify that according to the records of this office,

## ATLAS INNOVATIVE SERVICES, INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this offices.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Villian Travin Galetin

Certificate Number: 21011094150

Verify this Certificate at http://corp/sec.state.ma/us/CorpWeb/Certificates/Verify.aspx

Processed by: tad