8/24/2Aug. 24.	2021 3:27PM GEALD WEINBERG Division of Corporations No. 7110 P. 1/4
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	<pre>**Enter the email address for this business entity to be used for future 3 annual report mailings. Enter only one email address please.** Email Address:</pre>
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Aus. 24. 2021 3:27PMH-GEALD WEINBERGITISTI 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.

ATLAS RVM SYSTEMS, INC. 1.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavails	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)		
NEW YORK	3				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
06/05/2017	5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
·					
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150)		
135 PINE AIRE I	DRIVE, BAY SHORE, NEW YORK 11706				
	(Principal offic	e <u>street</u> address)			
	(Current mailing	g address, if different)	21		
Name and <u>stree</u>	at address of Florida registered agent: (P.O.	. Box <u>NOT</u> acceptable)	AUG		
Name:	INCORPORATING SERVICES, LTD.		24		
office Address:	1540 GLENWAY DRIVE		110 E		
	TALLAHASSEE	, Florida	0,910 0,710000000000		
	(City)	(Zip code)	·· -·		

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 accept the obligations of my position as registered agent.

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

Aug. 24. 2021 3:20PM GEALD WEINBERG OD 3175113 No. 7110 P. 3/4

A. DIRECTORS

Chairman		H MARTUCCI	Chairman	Name:	
□Vice Chairman	Address:	·	□Vice Chairman	Address:	
Director	Ralph Martucci	122 Green Knolls Lanc Fairfield, CT 06824	Director		
President			President		······································
□Vice President			□Vice President	·	<u> </u>
Secretary Ral	ob Martucci	Treasurer	Secretary		
0 other		[] Other	Other		DOther
Chairman	Name:		Chairman	Name:	
□Vice Chairman	Address:		□Vice Chairman	Address:	
Director			Director	·	
OPresident	·		OPresident		
□Vice President			□Vice President		
Secretary			Secretary		Treasurer
			00ther		೦೦ುಗಿನ
	N		□Chairman	Name:	
			Director		
			President		
President	_		Vice President		
			Scretary		Tressurer
□Secretary □Oth er					
Important Notice; individuals may b 12 The officer or dir she is aware that s.817.155, F.S.	Use an attachment to added to the ind	t terreport more than six (6). The atta ex option filing your Florida Departme Signature of Director of document (and who is listed in number submitted in a document to the Depart	or Officer	hat the facts state	d herein are true and that he of

.

(Fyped or printed name and capacity of person signing application)

(11210003175113)



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