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Thank you!

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ATMTA, INC.	
Name of corporat	ion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation to "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	tanding" and check are submitted to register the
Please return all correspondence concerning this ma	tter to the following:
Debra Lucas	
Name	of Person
ATMTA. INC.	
Firm/C	ompany
10845 Griffith Peak Dr. Ste 2	
Λ	ldress
Las Vegas, NV 89135	
City/Stat	e and Zip code
deb@atmta.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	se call;
Debra Lucas at (702) 847-5089 Name of Person Area Code Daytime Telephone Number	
Name of Person Area C	Code Daytime Telephone 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	NT OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

(If name unavaila	ible in Florida, enter alternate corporate name ac	lopted for the purpose of transactin	g business in Florida)	-
Delaware 2.	3.	85-4391476		
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	plicable)	_
4. <u>03/02/2022</u>	5.			
(Date	of incorporation)	(Date of duration, if other)	than perpetual)	_
6. <u>02/01/2021</u>				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		(1)	_
10845 Griffith Pe	ak Dr. Ste 2, Las Vegas, NV 89135	2, F.S., to determine penalty habin	iy)	
7	(Principal office	e street address)		-
	(Thicipal office	. <u>street</u> uddress)		
	(Current mailing	address, if different)	7022	
			VON	1
8. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	128	円さる
Name:	C T Corporation System			500
Office Address:	±200 South Pine Island Road		#H 9:	£
omee Address.	Plantation	—— FL 33324	29	
	(City)	(Zip code)		
		•		
Dogistared age	mt ¹ r aggantangar			
). Registered age Having been nam		of process for the above stated	l corporation at the i	place
Having been nam lesignated in this	nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel	ent as registered agent and agre	e to act in this capa	city. I

- 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 Name: Pablo Quiroga Name: Michael T wagner □ Chairman □ Chairman □ Vice Chairman Address: _____ □ Vice Chairman Address: 10845 Griffith Peak Dr. Ste 2 10845 Griffith Peak Dr. Ste 2 Director ■Director Las Vegas, NV 89135 Las Vegas, NV 89135 □President □President □ Vice President □ Vice President □Treasurer Secretary □ Secretary □Treasurer ⊕Other <u>CEO</u> ©Other CRO ☐Other _____ Name: _____Daniel Floyd Name: Jacob Floyd □ Chairman □ Chairman □Vice Chairman Address: □ Vice Chairman Address: 10845 Griffith Peak Dr. Ste 2 ■Director ■ Director Las Vegas, NV 89135 President □President ☐ Vice President □ Vice President □ Treasurer □ Secretary □Treasurer □ Secretary CPO ■Other_ ⊕Other <u>CTO</u> □Other _____ ☐Other _____ □ Chairman □ Chairman Name: _____ □ Vice Chairman □Vice Chairman Address: ______ Address: □ Director □Director □President □President □ Vice President ___ □ Vice President ☐ Treasurer □ Secretary ☐Treasurer □ Secretary □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 8.817.155, F.S.

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ATMTA, 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 NINTH DAY OF NOVEMBER, A.D. 2022.

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



Jeffrey W Buflock, Secretary of State

Authentication: 204820979