F23000004155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.T CONSULTING INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOHANNA COLON
Name of Person

B RILEY WEALTH
Firm/Company

2875 NE 191ST STREET SUITE 601
Address

AVENTURA FL 33180
City/State and Zip code

JCOLON@BRILEYWEALTH.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHANNA COLON (Name of Person) at (786) (Area Code) 756-3270 (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 DEPARTMENT OF STATE**

- ☑ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 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.

1. A.T CONSULTING INC
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. INDIANA
(State or country under the law of which it is incorporated)

3. 84-3300210
(FEI number, if applicable)

4. 10/08/2019
(Date of incorporation)

5.
(Date of duration, if other than perpetual)

6. 01012023
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10275 SW VILLAGE PKWY - SUITE 201 PORT ST LUCIE FL 34987
(Principal office **street** address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ARTHUR TSARIOV

Office Address: 10275 SW VILLAGE PKWY - SUITE 201

PORT ST LUCIE (City), Florida 34987 (Zip code)

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2023 JUL -5 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

(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]:

A. DIRECTORS

☐Chairman Name: ARTHUR TSARIOV
☐Vice Chairman Address: 10275 SW VILLAGE PKWY - SU
☐Director PORT ST LUCIE FL 34987
☒President
☐Vice President
☐Secretary ☐Treasurer
☐Other ______ ☐Other ______

☐Chairman Name: ______
☐Vice Chairman Address: ______
☐Director ______
☐President ______
☐Vice President ______
☐Secretary ☐Treasurer
☐Other ______ ☐Other ______

☐Chairman Name: ______
☐Vice Chairman Address: ______
☐Director ______
☐President ______
☐Vice President ______
☐Secretary ☐Treasurer
☐Other ______ ☐Other ______

☐Chairman Name: ______
☐Vice Chairman Address: ______
☐Director ______
☐President ______
☐Vice President ______
☐Secretary ☐Treasurer
☐Other ______ ☐Other ______

☐Chairman Name: ______
☐Vice Chairman Address: ______
☐Director ______
☐President ______
☐Vice President ______
☐Secretary ☐Treasurer
☐Other ______ ☐Other ______

☐Chairman Name: ______
☐Vice Chairman Address: ______
☐Director ______
☐President ______
☐Vice President ______
☐Secretary ☐Treasurer
☐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.

13. ARTHUR TSARIOV
(Typed or printed name and capacity of person signing application)

BUSINESS INFORMATION
DIEGO MORALES
INDIANA SECRETARY OF STATE
03/13/2023 08:13 PM

Business Details

Business Name:	**A.T CONSULTING INC**	Business ID:	**201910081350277**
Entity Type:	**Domestic For-Profit Corporation**	Business Status:	**Active**
Creation Date:	**10/08/2019**	Inactive Date:	
Principal Office Address:	**8223 BELLA VISTA BLVD, APT 5203, Fishers, IN, 46038, USA**	Expiration Date:	**Perpetual**
Jurisdiction of Formation:	**Indiana**	Business Entity Report Due Date:	**10/31/2023**
		Years Due:	

Governing Person Information

Title	Name	Address
President	ARTUR TSARIOV	8223 BELLA VISTA BLVD, APT 5203, Fishers, IN, 46038, USA

Incorporators Information

Name	Title	Address
ARTUR TSARIOV	Incorporator	8223 BELLA VISTA BLVD, APT 5203, Fishers, IN, 46038, USA

Registered Agent Information

Type:	**Individual**
Name:	**ARTUR TSARIOV**
Address:	**8223 BELLA VISTA BLVD, APT 5203, Fishers, IN, 46038, USA**

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

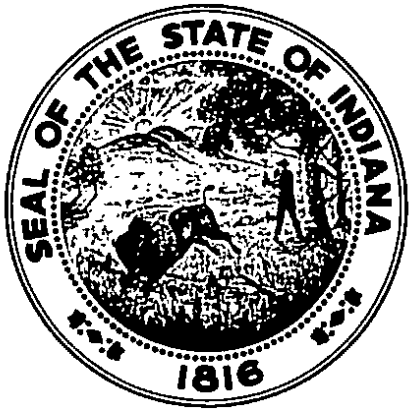
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

A.T CONSULTING INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 08, 2019, and was in existence or authorized to transact business in the State of Indiana on May 17, 2023.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 17, 2023

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

201910081350277 / 20233186541

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on June 16, 2023.