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# **COVER LETTER**

	tration Section ion of Corporation	ıs		
SUBJECT:	Atcom Services Ir	c. D/B/A LANshack.com		
CODUCI		Name of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate of	f Existence," or "(		Authorization to Transac ding" and check are sub- ss in Florida.	
Please return a	all correspondenc	e concerning this matter	to the following:	
Andrea Damiai	no			
		Name of I	Person	
Atcom Service	s Inc. D/B/A LANs	hack.com		
		Firm/Com	pany	· <del>-</del> ·
1415 Hooper A	Ave, Suite 206, Unit	A		
		Addre	SS S	
Toms River, N	J 08753			
		City/State at	nd Zip code	***************************************
andrea@lansha	ack.com			
	E-m	ail address: (to be used f	or future annual report n	otification)
For further inf	formation concern	ing this matter, please c	all:	
Andrea Damia	no	at (	396-3600	
Name	e of Person	Area Code	Daytime Telepl	none 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		
	check for the follock payable to: FL	owing amount: ORIDA DEPARTMENT	OF STATE	
□ \$70.00 Fili	ing Fee 🔲 \$7		\$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.

Atcom Service	es Inc.		
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
LANshack.com	n		
(If name unavai	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacti	ng business in Florida)
2. State of NJ	3	223236744	
(State or count	2. try under the law of which it is incorporated)	(FEI number, if a	pplicable)
4. May 18, 1993	5		
(Dat	5.	(Date of duration, if other	than perpetual)
6. January 1, 2023			
7	(SEE SECTIONS 607.1501 & 607.150 ve, Suite 206, Unit A, Toms River, NJ 08753 (Principal offic	02, F.S., to determine penalty liabi	lity)
<del>- 11</del>	(Current mailing	address, if different)	
8. Name and stre	ret address of Florida registered agent: (P.O.	Box NOT acceptable)	207
Name:	Joseph Payne		2024 FEB 21 SECRETAR
Office Address:	909 Edison Ave		27
	Lehigh Acres	33972 , Florida	PA II: 05
	(City)	(Zip code)	
9. Registered ag	gent's acceptance:		기 등

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.

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.

### A. DIRECTORS Thomas Damiano Jr. Andrea Damiano ☐ Chairman □ Chairman 132 East Camp Walk 132 East Camp Walk ☐Vice Chairman Address: Address: ☐ Vice Chairman Island Heights, NJ 08732 Island Heights, NJ 08732 ☐ Director □ Director ■ President ☐ President ☐Vice President ■ Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer Other \_\_\_\_ Other \_\_\_\_\_ □Other Other Name: Anthony Casazza Antoinette Casazza □ Chairman □Chairman 155 Meadow Rd Address: \_\_ 155 Meadow Rd Address: ☐Vice Chairman ☐ Vice Chairman Clark, NJ 07066 Clark, NJ 07066 □ Director ☐ Director ☐ President □ President ☐ Vice President ☐ Vice President □ Secretary **■**Treasurer ■ Secretary ☐ Treasurer Other \_\_\_\_ Other □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Chairman Name: \_\_\_\_\_ ☐ Chairman Name: \_\_\_\_\_ ☐ Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: □ Director Director ☐ President ☐ President ☐ Vice President \_ ☐ Vice President ☐ Secretary □ Treasurer ☐ Secretary □ Treasurer 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 xcm and 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. \_ Andrea Damiano, President

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

### ATCOM SERVICES INC.

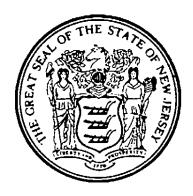
0100553160

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 18, 1993.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ANDREA DAMIANO 1415 HOOPER AVE SUITE 206, UNIT A TOMS RIVER, NJ 08753



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 7th day of February, 2024

Elizabeth Maher Muoio State Treasurer

dun on Mun

Certificate Number: 6150617274

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp