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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*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 Atlantic Realty Partners, Inc.

Certificate of Status	0
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Page Count	04
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K. Brumble)

6/13/2024\_12:07:11 PDT To: 18506176383 Page: 2/4 Fax: 8134365206

# 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.

Atlantic Rea	Ity Partners, Inc.		
(Enter name of c "Inc" "Co" "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION,"	
(If name unavails	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting l	ousiness in Florida)
GA ,	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if appli	cable)
1. 08/07/1989	5.		
(Date	of incorporation)	(Date of duration, if other tha	n perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)	
	Road Suite 1250 Atlanta, GA 30326	2, 1 .S., to determine penalty habitity	,
		c street address)	
7901 4th St N	N STE 300 St. Petersburg, FL 33702		
	(Current mailing	address, if different)	702
3. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	024 JUN 1
Name:	Northwest Registered Agent LLC		ω
Office Address:	7901 4TH ST N STE 300	<del></del>	PII 4:
	ST. PETERSBURG	. Florida 33702	<u></u>
	(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.

(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.

#### A. DIRECTORS

□Chairman	Nume: Aaronson, Richard	□ Chairman	Name: Aaronson, Andrew
□Vice Chairman	Address:	□Vice Chairman	Address:
■ Director	7901 4th St N STE 300	□Director	7901 4th St N STE 300
<b>■</b> President	St. Petersburg, FL 33702	□ President	St. Petersburg, FL 33702
□Vice President		□ Vice President	
Secretary	☐ Treasurer	<b>■</b> Secretary	Treasurer
□Other	Other	□Other	Other
□Chairman	Nane:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		□ Vice President	
□Secretary	□Treasurer	☐ Secretary	☐ Treasurer
Other	Other	Other	□Other
□Chairman	Name:	□ Chairman	Name:
L!Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
□President		□President	
□Vice President		□ Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	Other	Other
Important Notice:	Use an attachment to report more than six (6). T	he attachment will be imaged	for reporting purposes only. Non-indexed

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexectindividuals may be added to the index when filing your Florida Department of State Annual Report form.

12 <u>Lichard aaronson</u>

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.

, Richard Aaronson, Director

Control Number: J915394

### STATE OF GEORGIA

### **Secretary of State**

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### ATLANTIC REALTY PARTNERS, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27672677
Date Inc/Auth/Filed: 08/07/1989
Jurisdiction : Georgia
Print Date : 06/13/2024
Form Number : 211



;

Brad Raffonsperger

Brad Raffensperger Secretary of State