

**L100000084301**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

Effective Date 08/10/10

From:

Account Name : DAVID B HABER PA  
Account Number : I20080000099  
Phone : (305) 379-2400  
Fax Number : (305) 379-1106

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

dhabeer@dhabeehaw.com

**FLORIDA LIMITED LIABILITY CO.  
ATAT Holdings, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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Corporate Filing Menu

**T. HAMPTON**

AUG 12 2010

**EXAMINER**

## EIN Individual Request - Online Application

Page 1 of 1

**EIN Assistant**

Your Progress: 1. Identity 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

**Congratulations! Your EIN has been successfully assigned.**

EIN Assigned: 27-3201841

Legal Name: ATAT HOLDINGS LLC

**IMPORTANT:**

Save and/or print this page and the confirmation letter below for your permanent records.

The confirmation letter below is your official IRS notice and contains important information regarding your EIN.

[CLICK HERE for Your EIN Confirmation Letter](#)[Help with saving and printing your letter](#)

Once you have saved or printed your letter, click "Continue" to get additional information about using your new EIN.

[Continue >>](#)**Help Topics**[What if I do not have access to a printer at this time?](#)[Can I access this letter at a later date?](#)FILED  
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DIVISION OF CORPORATIONS

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ATAT Holdings, LLC.**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David B. Haber, Esq.

\_\_\_\_\_  
Name of Person

David B. Haber, P.A

\_\_\_\_\_  
Firm/Company

Miami Center, 201 South Biscayne Blvd., Suite 1205

\_\_\_\_\_  
Address

Miami, Florida 33131

\_\_\_\_\_  
City/State and Zip Code

dhaber@dhaberlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David B. Haber, Esq.

\_\_\_\_\_  
Name of Person

at ( 305 ) 379-2400

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Effective Date 08/10/10

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

ATAT Holdings, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**ATAT Holdings, LLC.8081 NW 31ST STREETDoral, Florida 33122**Mailing Address:**ATAT Holdings, LLC.8081 NW 31ST STREETDoral, Florida 33122**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

David B. Haber, Esq.

Name

201 South Biscayne Blvd., Suite 1205Florida street address (P.O. Box NOT acceptable)Miami, FloridaFL 33131

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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10 AUG 11 AM 9:01  
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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Simeon Garcia

8081 NW 31ST STREET

Doral, Florida 33122

MGRM

Simeon Garcia

8081 NW 31ST STREET

Doral, Florida 33122

\_\_\_\_\_

\_\_\_\_\_

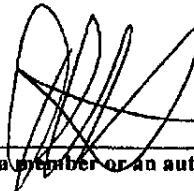
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: August 10, 2010 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David B. Haber, Esq. as authorized representative of a member  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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