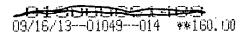
#1300131856

(Red	questor's Name)		
(Add	dress)	· · · · · · · · · · · · · · · · · · ·	
(Add	dress)		
(City	//State/Zip/Phone	e #)	
_	☐ WAIT	MAIL	
(Bus	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



000251614230



13 SEP 16 AM IO: 51
SECRETARY OF STATE

K. SALY EXAMINER SEP 18 2013

COVER LETTER

•	TO:	Registration S Division of Co			•
•					
SUBJECT: Atlantechs LLC					
Name of Limited Liability Company					
The enclosed Articles of Organization and fee(s) are submitted for filing.					
	Please	return all corresp	pondence concerning this matt	er to the following:	
		Alan James	Bratt		
	,			Name of Person	
	Firm/Company				
	3964 Cordgrass Way				
		3304 Colugi	ass way	Address	
	i -	Naples, Flor	 	10. A 17' O 1	
		.la. h		y/State and Zip Code	
	-	alan.bratt@a	atlantechslic.com E-mail address: (to be used t	or future annual report notification)	
For further information concerning this matter, please call:					
	Alan E	Bratt		at (248) 885 7322	
		Name	of Person	Area Code & Daytime Tel	ephone Number
	Enclos	ed is a check f	or the following amount:		
	□\$125.0	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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Atlantechs LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3964 Cordgrass Way	3964 Cordgrass Way
Naples, FL 34112	Naples, FL 34112
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered address of the registered address.	ered Agent. You must designate an individual or another
Alan James Bratt	SSS 6
Name	
3964 Cordgrass Way	5
	ress (P.O. Box NOT acceptable)
Naples, FL 34112	FI.
	tc, and Zip
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	

Page 1 of 2

	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	MGRM	Alan James Bratt 3964 Cordgrass Way Naples, FL 34112
	(Use attachment if necessary)	
(If an		te of filing: (OPTIONAL) e specific and cannot be more than five business days
	REQUIRED SIGNATURE:	
	(In accordance with section 608.40 constitutes an affirmation under the	(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. On submitted in a document to the Department of State provided for in s.817.155, F.S.)
	Alan James Bratt	or printed name of signed
	Filing Fees:	or printed name of signce
	\$125.00 Filing Fee for Articles of Organiza	ation and Designation

ARTICLE IV- Manager(s) or Managing Member(s):

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)