

L200000054405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

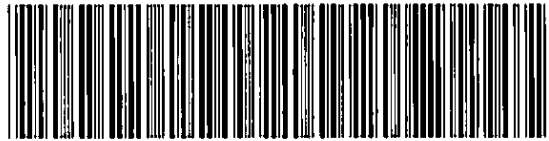
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500340976475

FILED

2020 FEB 21 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 FEB 21 11:28:05

N CULLIC

FEB 21 2020

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 2/21/2020 **PRIORITY** Routine

**OUR REF # (Order ID#)** 810084

**ORDER ENTITY**  
ATLANTIC DEVELOPMENT & MANAGEMENT, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
**ATLANTIC DEVELOPMENT & MANAGEMENT, LLC (FL)**

Please file the attached articles and provide a certified copy as evidence.

**NOTES:**  
\$155.00 Authorized  
Email address for annual report reminders: halmeida@accumera.com

**RETURN/FORWARDING INSTRUCTIONS:**  
ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

FILED

2020 FEB 21 AM 10:41

Articles of Organization  
Of  
**Atlantic Development & Management, LLC**

SECRETARY OF STATE  
TALLAHASSEE, FL

*(Pursuant to Section 605.0201, Florida Statutes)*

1. The name of the Limited Liability Company is: **Atlantic Development & Management, LLC**

2. The street address of the principal office of the Limited Liability Company is:

**7705 Indian Ridge Trail North, Kissimmee, FL 34747**

3. The mailing address of the Limited Liability Company is:

**7705 Indian Ridge Trail North, Kissimmee, FL 34747**

4. The name and address of the registered agent is as follows:

**Pervez Najmi, 7705 Indian Ridge Trail North, Kissimmee, FL 34747**

5. The period of duration for the Limited Liability Company shall be perpetual.

6. The name and address of the person(s) authorized to manage the LLC:

Title: **AMBR**

Name: **Cyrus Najmi**

Address: **7705 Indian Ridge Trail North, Kissimmee, FL 34747**

In Witness Whereof, this document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Dated: **February 21, 2020**



Holly Almeida

Accumera LLC

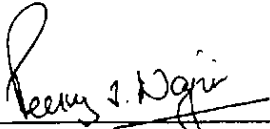
Authorized Representative

Acceptance of Appointment as Registered Agent  
of

**Atlantic Development & Management, LLC**

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Dated: **February 20, 2020**



\_\_\_\_\_  
Pervez Najmi, Registered Agent

2020 FEB 21 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED