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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	⊇ #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

J. BRYAN

JAN - 8

EXAMINER

Registration Section
Division of Corporations

atm division Ilc

TO:

COVER LETTER

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of

andrew t man	dal	
andiew (man		
	Name of Person	1. 28
atm division II	С	SECRETARIAN TO
	Firm/Company	JAN-7
po box 582,,,,	2831 hgy 60 w.	
	Address	Fig. 3
mulberry fl 3	3860	PH 3: 30 PH STATE EEFFLORIDA
	City/State and Zip Code	
tommandel65	@yahoo.com	
E-mail addre	ss: (to be used for future annual report notification)	
or further information concerning this matter, p	please call:	
tom mandel	_{at (} 814 , 553-873	36
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
Registration Section	Registration Section	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Certified Copy

of Status & Certified Copy

Certificate of Status

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA.

	atm division lic (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
con	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")
	Delaware 3. 26-16047889
Ç.	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	oct,15 2012 _{5.} perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	1-3-2013
٠.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	2831 highway 60 w
	mulberry fl
8.	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	andrew t mandel
	2831 highway 60 w
	mulberry fl 33860
the trar	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a salation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: transportation
	andramende
	Signature of a member or an authorized representative of a member.

Signature of a member or an authorized representative of a member

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

andrew t mandel

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

atm divis	Fithe Limited Liability Company is:			
If unavailable,	the alternate to be used in the state of Florida is:			_
2. The name a	nd the Florida street address of the registered agent and office are:	SE	2013	
	andrew t mandel	CRET	2013 JAN -7	
	(Name)	SSE	-1	
	2831 hgy, 60 w.	E.FL	PH 3: 30	ED
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	FLORIDA	မ္ဘ	
	mulberry _{FL} 33860	Þ		
	City/State/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, Florida Statutes.

and omende	
(Signature)	 <u> </u>

\$	100.00	Filing Fee for Application
\$	25.00	Designation of Registered Agent
\$	30.00	Certified Copy (optional)
S	5.00	Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ATM DIVISION LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE THIRD DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATM DIVISION LLC" WAS FORMED ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2012.

5227678 8300

130010705

You may verify this certificate online at corp.delaware.gov/authver.shtml

.:/p

DATE: 01-03-13

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 0116045