117000005084

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| · | | |

Office Use Only



000300272390

06/13/17--01020--002 **798.75

FILEU 2011 JUNI 13 PM R: 11 SECRETARY OF STATE SECRETARY OF STATE

K. SALY JUN 15 2017

COVER LETTER

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee &

Certificate of Status

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Atlanco, LLC |
| Name of Limited Liability Company |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida |
| Please return all correspondence concerning this matter to the following: |
| James Cummins |
| Name of Person |
| Atlanco, LLC |
| Firm/Company |
| 1125 Hayes Industrial Dr |
| Address |
| Marietta, GA 30062 |
| City/State and Zip Code |
| jcummins@atlanco.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| James Cummins 427-1334 |
| Name of Contact Person Area Code Daytime Telephone Number |
| MAILING ADDRESS: Division of Corporations STREET ADDRESS: Division of Corporations |
| Registration Section Registration Section P.O. Box 6327 Clifton Building |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 |

☐ \$155.00 Filing Fee &

Certified Copy

■ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| neme unumilable anterakenses | name adopted for the purpose of transacting business in Flor | ide Theel | to and the second se | Ch. C |
|---|--|---|---|---|
| Georgia | mains anobied for the bespote of partializing originate in Froz | | 38-3935456 | ontry Conspany, "LLLC, or LLC) |
| | which foreign limited liability company is organized) | 3. | | ber, ((applicable) |
| 6/27/2016 | | | | |
| 0/2//2010 | (Date first transacted business in Florids, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine | regalitation. | .) | |
| 1106 Uavaa ladi | | ne penalty i | imbi lity) | |
| 1125 Hayes Indu | ISTRAL DE | 6. | (Mailing Add | |
| Marietta, GA 300 | * *** | | (Manna You | · ' |
| mandia, or too | | , | | |
| | | | | |
| | | | | TALLAHASSEE, FLOR |
| Name and street addre | ss of Florida registered agent: (P.O. Box | NOT a | cceptable) | (V) (V) |
| Name: | InCorp Services, Inc. | | | F. 6. 7 |
| 110110 | | | | 70 8 |
| Office Address: | 17888 67th Court North | | | \(\frac{1}{2}\) |
| | Loxathatchee | | | 24 |
| | | | 33470 | |
| aving been named as r signated in this applica comply with the provis | (Ciry) | s registe | ered agent and agree to act | in this capacity. I further ag |
| esignated in this applica comply with the provis | (Cry) ptance: egistered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. | s registe and con | (Zm cod for the above stated limited ered agent and agree to act mplete performance of my | in this capacity. I further ag |
| Taving been named as resignated in this applicated in this applicated in the provision accept the obligation | ptance: egistered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. Registered agent's t | s registe and con signeture) | for the above stated limited ered agent and agree to act implete performance of my Kathy Shin on behi | in this capacity. I further ag duties, and I am familiar with |
| aving been named as resignated in this application this application comply with the provised accept the obligation. The name, title or cap | ptance: segistered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. Registered agent's a secity and address of the person(s) who ha | s registe and con signature) | for the above stated limited ared agent and agree to act implete performance of my Kathy Shin on behaviority to manage is/are: | in this capacity. I further ag duties, and I am familiar with alf of InCorp Services, Inc. |
| aving been named as resignated in this application this application the provised accept the obligation | ptance: egistered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. Registered agent's t | s registe and con signature) | for the above stated limited ered agent and agree to act mplete performance of my Kathy Shin on behi | in this capacity. I further ag duties, and I am familiar with |
| aving been named as resignated in this application this application comply with the provised accept the obligation. The name, title or cap | ptance: segistered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. Registered agent's a secity and address of the person(s) who ha | s registe and con signature) | for the above stated limited ared agent and agree to act implete performance of my Kathy Shin on behaviority to manage is/are: | in this capacity. I further ag duties, and I am familiar with alf of InCorp Services, Inc. |
| aving been named as resignated in this application the provised accept the obligation. The name, title or cap Title or Capacity: | ptance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. Registered agent's table and address of the person(s) who has Name and Address: Carl Zaglin 1125 Hoyas Industrial Dr | s registe and con signature) | for the above stated limited ared agent and agree to act implete performance of my Kathy Shin on behaviority to manage is/are: | in this capacity. I further ag duties, and I am familiar with alf of InCorp Services, Inc. |
| aving been named as resignated in this application the provised accept the obligation. The name, title or cap Title or Capacity: | ptance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. Registered agent: Registered agents of the person(s) who ha Name and Address: Carl Zaglin | s registe and con signature) | for the above stated limited ared agent and agree to act implete performance of my Kathy Shin on behaviority to manage is/are: | in this capacity. I further ag duties, and I am familiar with alf of InCorp Services, Inc. |
| aving been named as resignated in this application the provised accept the obligation. The name, title or cap Title or Capacity: | ptance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. Registered agent's table and address of the person(s) who has Name and Address: Carl Zaglin 1125 Hoyas Industrial Dr | s registe and con signature) | for the above stated limited ared agent and agree to act implete performance of my Kathy Shin on behaviority to manage is/are: | in this capacity. I further ag duties, and I am familiar with alf of InCorp Services, Inc. |
| aving been named as resignated in this application the provision accept the obligation. The name, title or cap Title or Capacity: | ptance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. Registered agent's table and address of the person(s) who has Name and Address: Carl Zaglin 1125 Hoyas Industrial Dr | s registe and con signature) | for the above stated limited ared agent and agree to act implete performance of my Kathy Shin on behaviority to manage is/are: | in this capacity. I further ag duties, and I am familiar with alf of InCorp Services, Inc. |
| aving been named as resignated in this application the provised accept the obligation. The name, title or cap Title or Capacity: | ptance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. Registered agent's table and address of the person(s) who has Name and Address: Carl Zaglin 1125 Hoyas Industrial Dr | s registe and con signature) | for the above stated limited ared agent and agree to act implete performance of my Kathy Shin on behaviority to manage is/are: | in this capacity. I further ag duties, and I am familiar with alf of InCorp Services, Inc. |
| aving been named as resignated in this application this application that application are applicated in the provisual accept the obligation. The name, title or capatite or Capatity: CEO | ptance: segistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. Registered agent's seasity and address of the person(s) who has a Name and Address: Carl Zaglin 1125 Hoyos Industrial Dr. Marketa, GA | s registe and con signature) | for the above stated limited ared agent and agree to act implete performance of my Kathy Shin on behaviority to manage is/are: | in this capacity. I further ag duties, and I am familiar with alf of InCorp Services, Inc. |
| aving been named as resignated in this application this application that application accept the obligation. The name, title or capatite or Capacity: CEO | ptance: segistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. Registered agent's seasity and address of the person(s) who has a Name and Address: Carl Zaglin 1125 Hoyos Industrial Dr. Marketa, GA | s registe and con signature) | for the above stated limited ared agent and agree to act implete performance of my Kathy Shin on behaviority to manage is/are: | in this capacity. I further ag duties, and I am familiar with alf of InCorp Services, Inc. |
| aving been named as resignated in this application this application the provision of accept the obligation. The name, title or capacity: CEO Use attachments if necestatached is a certificaterisdiction under the law | ptance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. Registered agent: Registered agent's a pacity and address of the person(s) who ha Name and Address: Carl Zaglin 1125 Hoyas Industrial Dr. Marketa, GA ssary) e of existence, no more than 90 days old, or of which it is organized. (If the certificate | s register and consistence is signerare. | for the above stated limited ared agent and agree to act implete performance of my Kathy Shin on behind the or Canacity: | in this capacity. I further ag duties, and I am familiar with all of inCorp Services, Inc. Name and Address: |
| Taxing been named as resignated in this applicated in this applicate comply with the provision accept the obligation. The name, title or capacity: CEO Use attachments if neces | ptance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. Registered agent: Registered agent's a pacity and address of the person(s) who ha Name and Address: Carl Zaglin 1125 Hoyas Industrial Dr. Marketa, GA ssary) e of existence, no more than 90 days old, or of which it is organized. (If the certificate | s register and consistence is signerare. | for the above stated limited ared agent and agree to act implete performance of my Kathy Shin on behind the or Canacity: | in this capacity. I further ag duties, and I am familiar with all of inCorp Services, Inc. Name and Address: |
| aving been named as resignated in this applicated in this applicated comply with the provisual accept the obligation. The name, title or capacity: CEO Use attachments if necestatched is a certificaterisdiction under the law | ptance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. Registered agent: Agent Zaglin 1125 Hoyos incustrial Dr Marketta, GA SSARY) e of existence, no more than 90 days old, or of which it is organized. (If the certificate submitted) | s register and con signature) s/have a Ti duly aut | for the above stated limited ared agent and agree to act implete performance of my Kathy Shin on behind the or Canacity: | in this capacity. I further ag duties, and I am familiar with all of inCorp Services, Inc. Name and Address: |

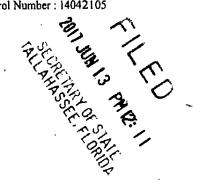
Typed or printed name of signee

James H Cummins, Controller

Control Number: 14042105

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, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ATLANCO, LLC

a Domestic Limited Liability Company

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 Date Inc/Auth/Filed Jurisdiction Print Date Form Number

: 14548756 : 04/03/2014 : Georgia :05/16/2017 :211



Brian P. Kemp Secretary of State