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FLORIDA DEPARTMENT OF STATE Division of Corporations (1) AGAS GEF : Oblive.

September 14, 2017

GERLINDE HOFER 1175 NW 17TH AVENUE DELRAY BEACH, FL 33483 US

SUBJECT: ATO LLC

Ref. Number: W17000074022

We have received your document for ATO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

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

IN COMPILANCE 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:

(If name mayaifable, enter alternate n	ame adopted for the purpose of transacting business	ss in Florida. The alternati	e name must include "Limited	i Liability Company.	""L.I. C," or "L1.	_ C.")
> NEVADA	, , , , , , , , , , , , , , , , , , ,		3824581	· · · · · · · · · · · · · · · · · · ·		
	hich foreign limited liability company is organized)			number, if applicable)	-
4. 09/2017						
	(Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. to	prior to registration.) determine penalty liabilit	(y)			
5. ATO LLC		6. AT	O LLC			
(Street Address of Principal Office) 1175 NW 17TH AVENUE			(Mailing 5 NW 17TH AVEN			•
DELRAY BEACH FL		DE	LRAY BEACH FL 3	33445		-
 Name and <u>street addres</u> Name: 	ss of Florida registered agent: (P.O). Box <u>NOT</u> accep	ptable)			
Office Address:	1175 NW 17TH AVENUE					
	DELRAY BEACH		, Florida <u>33445</u> (Zip			
	tance: vistered agent and to accept servic	ce of process for i	the above stated limi	ited liability co	in pany at th	e nlace
Having been named as redesignated in this applicate to comply with the provisionand accept the obligation. 8. The name, title or capa	gistered agent and to accept service tion, I hereby accept the appointments of all statutes relative to the period of the position as registered agents. GERLINDE HOFER (Registered active and address of the person(s) we	rent as registered roper and complete. agent's signature) who has/have authority	agent and agree to ete performance of n	act in this cap ny duties, and	acity. I furt.	her agree ar with i
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Typed or printed name of signee

GERLINDE HFOER

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I. BARBARA K. CEGAVSKE, the Nevada Secretary of State, do hereby certify that ATO LLC did on September 13, 2016, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



Certified By: Electronic Filing Certificate Number: C20160913-0031 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 13, 2016.

BARBARA K. CEGAVSKE Secretary of State