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SECRETARY OF STATE

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COVER LETTER

Registration Section Division of Corporations

TO:

ATLAS RE HOLDINGS, 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

Please return all correspondence concerning this matter to the	following:	
Lisa Becka		
N	ame of Person	
ATLAS RE HOLDIN	IGS, LLC	,
F	irm/Company	
40364 Kelly Park Re	d	
	Address	
Leetonia, OH 44431	1	
City/S	itate and Zip Code	
Lisaannbecka@gma	ail.com	
E-mail address: (to be use	d for future annual	report notification)
For further information concerning this matter, please call:		
Lisa Becka	_{at} 330	,519-6130
Name of Contact Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

☑ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$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 COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name mavailable, enter alternate)	ame adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limited	Liability Company," "L.L.C," or "El.C.")
2. Nevada		3	umber, if applicable)
(Jurisdiction under the law of w	nch foreign limited hability company is organized)	(F):Lm	umber, if applicable)
4	(Date first transacted business in Florida, if prior t	to seem trainer)	
	(See sections 605 0904 & 605,0905, F.S. to deter	mine penalty liability)	
5. 4730 S Fort Apac (Street Address of	the Rd #300	6. 4730 S Fort Apach	e Rd #300
Las Vegas, NV 8		Las Vegas, NV 89	
7. Name and street addre	s of Florida registered agent: (P.O. Bo Registered Agents Inc.	ox NOT acceptable)	FILT 2018 AUG 24 SECRETARY TALLAHASS
Office Address:	3030 N. Rocky Point Dr. STI	E 150A	70 ·
	Tampa	, Florida <u>33607</u>	
Having been named as re	gistered agent and to accept service of	(7ф f process for the above stated limit	ted liability company at the place
Having been named as red designated in this applica- to comply with the provis	tance:	(79) f process for the above stated limit as registered agent and agree to a er and complete performance of n	ted liability company at the place act in this capacity. I further agree
designated in this applicate comply with the provise and accept the obligation	tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the propo s of my position as registered agent. But	(74) f process for the above stated limit as registered agent and agree to a cr and complete performance of n \(\sigma \sigma \text{signature} \)	ted liability company at the place act in this capacity. I further agree by duties, and I am familiar with
Having been named as redesignated in this applicate comply with the provisand accept the obligation 8. The name, title or cap	tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the propo- s of my position as registered agent. (Registered agent acity and address of the person(s) who	f process for the above stated limit as registered agent and agree to a er and complete performance of n (Signature) has/have authority to manage is/are	ted liability company at the place set in this capacity. I further agree by duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address:	f process for the above stated limit as registered agent and agree to a er and complete performance of n (Signature) has/have authority to manage is/are	ted liability company at the place set in this capacity. I further agree by duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	tance: gistered agent and to accept service of tion. I hereby accept the appointment ions of all statutes relative to the propo- s of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Lisa Becka 4730 5 Fort Additional Red #300	f process for the above stated limit as registered agent and agree to a er and complete performance of n (Signature) has/have authority to manage is/are	ted liability company at the place set in this capacity. I further agree by duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Manager	tance: gistered agent and to accept service of tion. I hereby accept the appointment ions of all statutes relative to the propo- s of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Lisa Becka 4730 S Fort Address #300 Las Vegas, NV 89147 Lorna Miedema 4730 S Fort Address #300 Las Vegas NV 89147	f process for the above stated limit as registered agent and agree to a er and complete performance of n (Signature) has/have authority to manage is/are	ted liability company at the place set in this capacity. I further agree by duties, and I am familiar with

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ATLAS RE HOLDINGS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 27, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 6, 2018.

Salvara K. Cegarste Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20180806-0875