18000008867

(Requestor's Name)	
(Address)	Ω
(Address)	O
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Cert W18-72922	

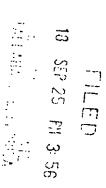


Office Use Only



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SEP 2 / 2018



August 11, 2018

JUSTIN SASSO 4035 FLOWERING STREAM WAY OVIEDO, FL 32766

SUBJECT: ATLAS APPLICATIONS, LLC

Ref. Number: W18000072922

We have received your document for ATLAS APPLICATIONS, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Letter Number: 718A00016639

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Registration Section

Div	ision of Corporations						
SUBJECT:	Atlas Applications, L	I.C					
	Name of Limited Liability Company						
					unsact Business in Florida, v company to transact busin		
Please return	all correspondence co	ncerning this matter to the	following:				
	Justin Sasso						
	Name of Person						
	Atlas Applications, LLC						
	Firm/Company						
	4035 Flowering	Stream Way					
			Address			•	
	Oviedo, Florida 32766						
		City/S	tate and Zip Code	-		-	
	justinsasso@atlas-	applications.com					
	 	E-mail address: (to be used	for future annual	report not	ification)	•	
For further in	nformation concerning	this matter, please call:					
Jus	tin Sasso		352 at (408-17	90		
	Name of	Contact Person	Area Code	Day	time Telephone Number	-	
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding ecutive Center Circle ice, FL 32301		
	check for the followin 125.00 Filing Fee	g amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fee, C of Status & Certified Co		

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

IN COMPTANCE WITH SECTION (05:0002 FLORIDA STATUTES THE POLLOWING IS NUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Atlas Applications, LL0	C			
•	Limited Liability Company, must include	le "Limited Liability	Company," "L.L.C.," or "LLC.")	
Atlas Entertainment, LLC				
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting bus	mess in Florida The alt	ernate name must include "Limited Liah	ility Company," "L.L.C," or "LLC.")
2. Delaware		3.	83-1328658	er, if applicable)
(Jurisdiction under the law of w	hich foreign limited hability company is organiz	red)	(Fist numb	er, il applicable)
4.				
	(Date first transacted business in Florida (See sections 605,000)4 & 605,0005, F.S.	, if prior to registration, to determine penalty f) ability)	S 1
4035 Flowering Stream	n Way	6	P.O. Box 782225	
(Street Address of I	'rincipal Office)		(Mailing Addr	का जिल्ला
Oviedo, FL32766		-	Orlando, FL 32878-2225	
		_		<i>~</i>
				31.1 97 14 10
7. Name and street address	ss of Florida registered agent: (P	O. Box <u>NOT</u> a	eceptable)	्रा क
	Justin Sasso		•	,
Name:				
Office Address:	4035 Howering Stream Way			
	Oviedo		32766	
	(Cdy)		, Florida(Zin code	_
Registered agent's accep	• •		·	
8. The name, title or caps Title or Capacity:	(Register acity and address of the person(s) Name and Address:) who has/have a		Name and Address:
Sole MBR	Justin Sasso		AC OF CHIPMENT	
		Cleans		
	4035 Flowering	L 32766		
	W. W. 1			
				
				
				
(Use attachments if neces	sary)			
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 day of which it is organized. (If the cappritted)	ays old, duly authentificate is in a	nenticated by the official ha foreign language, a translat	ving custody of records in the ion of the certificate under oath
This document is exec submitted in a document to	uted in accordance with section ϵ of the Department of State constitu	605,0203 (1) (b), utes a third degre	Florida Statutes, I am awar e felony as provided for in:	e that any false information s.817.155, F.S
	Justin Sallo			
		Signature of an author	izal person	.
	Lund Const			
	Justin Sasso	T		

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ATLAS APPLICATIONS, 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203346585

Date: 08-31-18