

M18000010543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

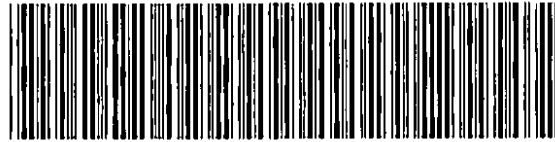
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 11/27/2018

Name: Marisa Kugelmann

Reference #: 1017850

Entity Name: ATLANTIX PARTNERS LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Please retain original file date

Authorized Amount: 15125.00

Signature: Marisa Kugelmann



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☐ Fictitious Name

☐ Other _____

Please retain original file date

Authorized Amount: \$125.00

Signature: Marisa Kugelmann



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2018

COGENCY GLOBAL INC

SUBJECT: ATLANTIX PARTNERS LLC
Ref. Number: W18000102212

We have received your document for ATLANTIX PARTNERS 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 name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

The document number of the name conflict is L16000112416.

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.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 618A00024104

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ATLANTIX PARTNERS 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:

Maria Acevedo, Esq.

Name of Person

Acevedo Belt, P.A.

Firm/Company

The Four Seasons Office Tower

Address

1441 Brickell Avenue, Suite 1400

City/State and Zip Code

maria@abbattorneys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Acevedo, Esq.

305 396-4282
at ()

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 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:

1. ATLANTIX PARTNERS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-2810859
(FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 800 Corporate Drive
(Street Address of Principal Office)
- Suite 408
- Fort Lauderdale, FL 33334
6. 800 Corporate Drive
(Mailing Address)
- Suite 408
- Fort Lauderdale, FL 33334

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cogency Global, Inc.

Office Address: 115 N. Calhoun Street, Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Maria Kugelmann, Asst. Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Manager

Alexandra Mores

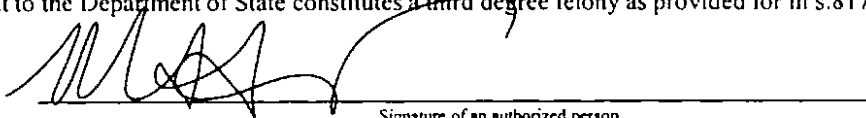
800 Corporate Drive, Suite 408

Fort Lauderdale, FL 33334

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



Signature of an authorized person

Maria Acevedo, Esq.

Typed or printed name of signee

ATLANTIX PARTNERS LLC
800 Corporate Drive, Suite 408
Fort Lauderdale, Florida 33334

Department of State
Division of Corporations
State of Florida

Dear Sir/Madam:

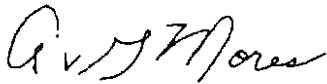
I am writing to you in my capacity as Manager of Atlantix Partners LLC, a Florida limited liability company (Doc No. L16000112416) (the "Company"), which filed for voluntary dissolution on November 23, 2018. I am also the person authorized by the Company to wind up its affairs.

Please be advised that the Company has no intention of revoking the voluntary dissolution and hereby releases its rights to the name ATLANTIX PARTNERS LLC. Accordingly, you may proceed with authorizing Atlantix Partners LLC, a Delaware limited liability company (and an affiliate of the Company), to do business in the State of Florida.

If you have any questions relating to this statement of intention and release, please contact Maria Acevedo, Esq. at maria@abbattorneys.com or on 305-396-4282.

Thank you in advance for your assistance.

Best regards,



ALEXANDRA MORES

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATLANTIX PARTNERS 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 TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATLANTIX PARTNERS LLC" WAS FORMED ON THE TWELFTH DAY OF MAY, A.D. 2016.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

6040169 8300

SR# 20187790417

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

Authentication: 203958521

Date: 11-26-18