

M190000001385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

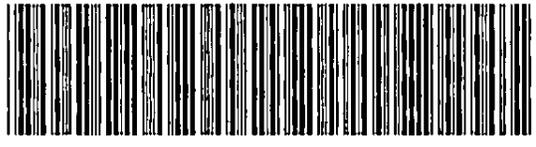
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19-11894 name

Office Use Only



900323901319

SECRETARY OF STATE
ALLAHASSEL, FLORIDA

2019 FEB - 8 AM 9: 57

FILED

01/31/19--01001--027 **125.00

28
NAME



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2019

SANDY DAILEY
7260 W AZURE DR, STE140-2388
LAS VEGAS, NV 89130

SUBJECT: ATLANTIC SERVICES LLC
Ref. Number: W19000011894

We have received your document for ATLANTIC SERVICES 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 of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P96000097525.

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: 719A00002586

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Services 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:

Sandy Dailey
Name of Person

Atlantic Services LLC
Firm/Company

7260 W Azure Drive Suite 140-2388
Address

Las Vegas NV 89130
City/State and Zip Code

sd.atlanticservices@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandy Dailey at (919) 812-2430
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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. Atlantic Services LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Atlantic Services Florida Division 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. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-4609638
(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. 7260 W Azure Drive Ste 140-2388
(Street Address of Principal Office)

6. 7260 W Azure Drive Ste 140-2388
(Mailing Address)

Las Vegas NV 89130

Las Vegas NV 89130

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

Name: Sandy Dailey

Office Address: Suite 122, 18981 US Hwy 441

Mount Dora, Florida 32757
(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.

(Registered agent's signature)

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CLERK OF STATE
TAMM BASSETT
STATE OF FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

Manager Name: Sandy Dailey
 Member Address: 7260 W Azure Drive
 Suite 140-2388
 Authorized Person Las Vegas NV 89130
 Other Other

Title or Capacity: **Name and Address:**

Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other Other

Manager Name: John Dailey
 Member Address: 7260 W Azure Drive
 Suite 140-2388
 Authorized Person Las Vegas NV 89130
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other Other

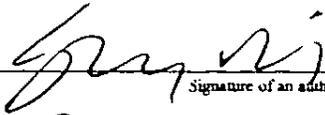
Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other Other

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 STATE DEPARTMENT OF STATE
 TALLAHASSEE, FL 32310

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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
 Sandy Dailey

 Typed or printed name of signer

SECRETARY OF STATE

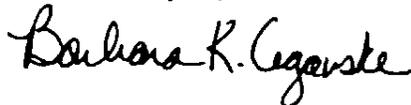


CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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, **ATLANTIC SERVICES 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 February 16, 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 January 28, 2019.



Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20190128-1305