

MI9000009705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

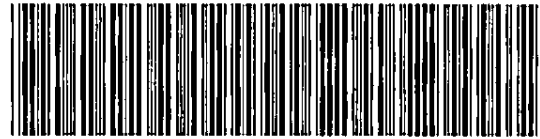
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*name  
must match  
cert. print  
address  
W19-77900*

*10/14*

Office Use Only



500332889735

08/18/19--01013--020 \*\*55.00

08/20/19--01005--006 \*\*70.00

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AUG 19 2019

FILED  
19 OCT -4 PM 5:26  
U.S. DEPT. OF JUSTICE  
CIVIL DIVISION

*WSP  
10/14*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2019

LONI WOODLEY  
455 E PIKES PEAK, STE 305  
COLORADO SPRINGS, CO 80903

SUBJECT: ATLAS CPAS & ADVISORS PLLC  
Ref. Number: W19000077900

We have received your document for ATLAS CPAS & ADVISORS PLLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please list the complete principal office address.

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.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 919A00019505

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OCT 04 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2019

LONI WOODLEY  
455 E PIKES PEAK, STE 305  
COLORADO SPRINGS, CO 80903

SUBJECT: ATLAS CPAS & ADVISORS PLLC  
Ref. Number: W19000077900

We have received your document for ATLAS CPAS & ADVISORS PLLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

We are enclosing the proper form(s) with instructions for your convenience.

THERE IS A FEE DUE OF \$55.00,

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

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.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 319A00017376

**RECEIVED**  
SEP 16 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ATLAS CPA'S & Advisors 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:

Carol Pisanos  
Name of Person

ATLAS CPAs & Advisors PLLC  
Firm/Company

455 E Pikes Peak, Suite 305  
Address

Colorado Springs, CO 80903  
City/State and Zip Code

carol.pisanos@atlascpas.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Pisanos at (719) 445.4410  
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. ATLAS CPAs & Advisors PLLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")  
ATLAS CPAs & Advisors LLC  
(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. ARIZONA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-4296959  
(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. 17337 Ashcomb Way  
(Street Address of Principal Office)

6. 17337 Ashcomb Way  
(Mailing Address)

Estero, FL 33928

Estero, FL 33928

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

Name:

David Haas

Office Address:

17337 Ashcomb Way

Estero

(City)

, Florida

33928

(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.

David Haas

(Registered agent's signature)

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TREASURER 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: Loni Woodley  
☐ Member Address: 455 E Pikes Peak  
Ste 305  
☐ Authorized Colorado Springs  
Person CO 80903  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

Title or Capacity:

Name and Address:

☐ 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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19 OCT -4 PM 5:28  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**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.

Loni Woodley  
Signature of authorized person

Loni Woodley  
Typed or printed name of signer

# STATE OF ARIZONA



Office of the  
**CORPORATION COMMISSION**

**CERTIFICATE OF GOOD STANDING**

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**ATLAS CPAS & ADVISORS, PLLC**

ACC file number: P18921238

was incorporated under the laws of the State of Arizona on 12/13/2013, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the  
Arizona Corporation Commission, and issued this Certificate on this date: 08/13/2019



A handwritten signature in black ink, reading "Matthew Neubert", written over a horizontal line.

**Matthew Neubert, Executive Director**