

W22000015273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

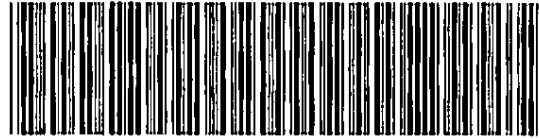
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S. FRANKLIN

OCT 04 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLAS LOGISTICS ENTERPRISES 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:

RUSSELL BELL

Name of Person

ATLAS LOGISTICS

Firm/Company

4426 NW 7TH AVE SUITE 1268

Address

MIAMI, FLORIDA 33166

City/State and Zip Code

KMR@KMRTAX.COM

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

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For further information concerning this matter, please call:

RUSSELL BELL

721

550-5832

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 LOGISTICS ENTERPRISES LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

ATLAS LOGISTICS WORLDWIDE 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. SINT MAARTEN

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

3.

(FEI number, if applicable)

06/01/2022

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

SPANISH FORT # 1

5. (Street Address of Principal Office)

4426 NW 74TH AVE # 1268

6.

(Mailing Address)

LITTLE BAY

MIAMI, FL 33166

SINT MAARTEN

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

Name: HAYDEN ROPER

Office Address: 8739 WHITE SWAN DRIVE STE 202

TAMPA

(City)

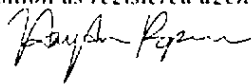
Florida

33614

(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)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>RUSSELL BELL</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>SPANISH FORT #1</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>LITTLE BAY</u>	<input type="checkbox"/> Authorized	_____
Person	<u>SINT MAARTEN</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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

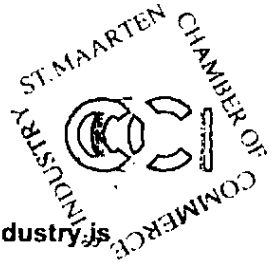
RUSSELL BELL

Typed or printed name of signer

St. Maarten Commercial Register

Excerpt from the Commercial Register

Registration number: 26413 (0)
Date: March 10, 2022 Time: 11:29:09 AM



In the Commercial Register of the St. Maarten Chamber of Commerce & Industry is registered under number 26413: Atlas Logistics

Trade name	Atlas Logistics
Legal form	Sole Proprietorship
Date established	June 14, 2018
Date registered	June 15, 2018
Description	Cargo Logistics

Business Address(es)

Address	A.J.C. Brouwers Road 1 Cole Bay
Area name	Little Bay

Correspondence Address(es)

Address	A.J.C. Brouwers Road 1 Cole Bay
Area name	Little Bay

Officials

Function	Owner
Title	Owner
Name	Russell Collin Gabriel Bell
Address	A.J.C. Brouwers Road 1, Cole Bay
Date of birth	June 8, 1979
Place of birth	Netherland
Country of birth	The Netherlands
Nationality	Dutch (The Netherlands)
Date in function	June 15, 2018
Authority	Solely authorized

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Only valid if stamped and signed by the Chamber of Commerce

Sint Maarten, March 10, 2022