

Florida Department of State  
Division of Corporations  
Incorporating Cover Sheet

# M2400009515

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H240002501803ABCVV

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : 120090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

RECEIVED

2024 JUL 24 AM 9:54

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

## FOREIGN PROFIT/NONPROFIT CORPORATION

Atlas Survey & Mapping, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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JUL 25 2024

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Atlas Survey & Mapping, 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. Tennessee 3. 92-2184484  
(Jurisdiction under the law of which foreign limited liability company is organized) (FF 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. 7901 4th St N STE 300 6. 7901 4th St N STE 300  
(Street Address of Principal Office) (Mailing Address)

St. Petersburg FL 33702

St. Petersburg FL 33702

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702  
(City) (Zip code)

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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF HILLSBORO, FLORIDA

## 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.

Daisy Quintana

(Registered agent's signature)

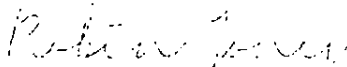
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members, managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Metcalf, Lean</u>	<input type="checkbox"/> Manager	Name: <u>McCann, Christopher</u>
<input checked="" type="checkbox"/> Member	Address: <u>7901 4th St N STE 300</u>	<input checked="" type="checkbox"/> Member	Address: <u>7901 4th St N STE 300</u>
<input type="checkbox"/> Authorized	<u>St. Petersburg FL 33702</u>	<input type="checkbox"/> Authorized	<u>St. Petersburg FL 33702</u>
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: _____
 <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: _____

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

Robin Jones

Typed or printed name of signer



Tre Hargett  
Secretary of State

Division of Business Services  
Department of State  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

FILER FOURTYTWO  
FILER FOURTYTWO  
784 S CLEARWATER LOOP  
POST FALLS, ID 83854

July 23, 2024

Request Type: Certificate of Existence/Authorization  
Request #: 0593505

Issuance Date: 07/23/2024  
Copies Requested: 1

Document Receipt

Receipt #: 009143589 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3878369664 \$20.00

Regarding: Atlas Survey & Mapping, LLC  
Filing Type: Limited Liability Company - Domestic Control #: 1393178  
Formation/Qualification Date: 02/06/2023 Date Formed: 02/07/2023  
Status: Active Formation Locale: TENNESSEE  
Duration Term: Perpetual Inactive Date:  
Business County: KNOX COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Atlas Survey & Mapping, LLC

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 068811021