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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045

Phone : (302)645-7400

Fax Number : (302)645-1280

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

Email Address: scott.meriwether.re@gmail.com

Foreign Limited Liability Company Atlas Dev LLC

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(((H24000184554 3)))

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTTY THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavadable, enter alternate Delasware	roanne adopted for the purpose of transacting business in Fl	ornia. The alternate name must include "Launted Lighthlip Co 99-3157448		I,C "}
Dierschetton taufer the law of	which tareign finited liability company is organized?	3. (14:1 number, n'app	heable)	
	(Date flist transacted business in Florida, if prior to (See sections 605,0904 & 605,0905 F.S. to determ	registration)		
830 Airport Rd Unit :	604	6. (Moding Address)		
et Address of Principal Office)		(Mailing Address)		
Port Orange, FL 3212	S	Port Orange, FL 32128		
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	707	
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box Marvin Scott Meriwether	NOT acceptable)	AVHHZOZ	
		NOT acceptable)	2014 HAY 23 F	-
Name:	Marvin Scott Meriwether		PH	
Name:	Marvin Scott Meriwether 830 Airport Rd Unit 304 Port Orange	NOT acceptable) Solution in the second seco	2014 HAY 23 PN 3: 09	

(((H24000184554 3)))

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:	Title or Capacit	<u>Y:</u>	Name and Address:
□Manager	Name: Marvin Scott Meriwether	□Manager	Name:	
≣Member	Address: 830 Airport Rd Unit 304	□Member		
□Authorized	Port Orange, FL 32128	□Authorized		
Person		Person		
Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member		
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member		
□Authorized		□ Authorized		
Person		Person		
□Other	Other	□Other		□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	
Marvin Scott Meriwether	

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ATLAS DEV 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-THIRD DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATLAS DEV LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2024.

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

(((H24000184554 3)))

e at corp.delaware gov/authy

Authentication: 203541531

Date: 05-23-24