

N160000/0360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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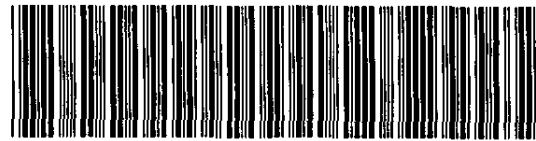
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 OCT 21 AM 10:32
TALLAHASSEE, FLORIDA

V HERRING
OCT 25 2016

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ATMAKERS INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: BILL BINKO

Name (Printed or typed)

35246 US 19 N, #139

Address

PALM HARBOR, FL 34684

City, State & Zip

727-224-8892

Daytime Telephone number

BILL@ATMAKERS.ORG

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: ATMAKERS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
35246 US 19 N, #139

PALM HARBOR, FL 34684

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO BRIDGE THE GAP BETWEEN STEM PROGRAMS IN SCHOOLS
AND TECHNOLOGY. THE GOAL IS TO TEACH HIGH SCHOOL KIDS HOW TO WORK WITH TECHNOLOGY AND
ASSIST THEM IN THEIR WORK.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: APPOINTED ANNU

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BILL BINKO, PRESIDENT

Name and Title: _____

Address 35246 US 19 N, #139

Address: _____

PALM HARBOR, FL 34684

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BARB LIMA
Address: 33920 US HWY 19 N, SUITE 230
PALM HARBOR, FL 34684

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BARB LIMA
Address: 33920 US HWY 19 N, SUITE 230
PALM HARBOR, FL 34684

ARTICLE VIII EFFECTIVE DATE: 10/18/2016

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Barb Lima

Required Signature of Registered Agent

10-19-16

Date

I submit this document and affirm that the facts stated herein are true. 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.

Barb Lima

Required Signature of Incorporator

10-19-16

Date