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TALLAHASSEE, FLORIDA

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## **COVER LETTER**

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

SUBJECT: ATWAL FO	UNDATION INC.		
3080EC1.	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Ar	ticles 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 CO	PY REQUIRED
FROM:	PALDEEP ATWAL Nai	me (Printed or typed)	_
	4110 SOUTHPOINT BLVD		
	JACKSONVILLE, FL, 3221	Address	-
		City, State & Zip	_

650-248-0660

DRA@ATWALCLINIC.COM

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

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

Daytime Telephone number

## ARTICLES OF INCORPORATION

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

	e corporation shall be:	ATTON INC			
<u>ARTICLE II</u>	PRINCIPAL OFFICE				
4110	Principal <u>street</u> address: SOUTHPOINT BLVD, SUITE 118		Mailing address, if different is:		
JACI	KSONVILLE, FL				
3221	6				
ARTICLE III The purpose for	PURPOSE or which the corporation is organized is:	I) TO FURTHER	CHARITABLE EDUCATION OF THE PUBLIC ON		
RARE GENE	TIC AND METABOLIC DISEASES B	Y PROVIDING	ONLINE EDUCATION AND FREE TALKS		
TO THE PUE	BLIC. 2) TO CONDUCT RESEARCH I	NTO RARE GEN	NETIC AND METABOLIC DISEASES WHICH WILL BI		
MADE AVAI	LABLE TO THE PUBLIC AND WILL I	BE PERFORMED	IN THE UNITED STATES.		
ARTICLE IV PER THE BY	cade, or shall be distributed to the federal government, or to a s  MANNER OF ELECTION The mar	naer in which the d	AS STATED BY		
ARTICLE V  Name and Title	PALDEEP ATWAL, PRESIDENT	Name and Ti	HERJOT ATWAL, TREASURER		
Address	4110 SOUTHPOINT BLVD	Name and 11	4110 SOUTHPOINT BLVD		
	SUITE 118	//ddicss.	SUITE 118		
	JACKSONVILLE, FL. 32216		JACKSONVILLE, FL		
Name and Title	JULIA LALLY, SECRETARY	— Name and Ti	ile·		
Address	4110 SOUTHPOINT BLVD	Address:	Name and Title:  Address:		
	SUITE 118	/// 0.000			
	JACKSONVILLE, FL, 32216				
Name and Title	u:	Name and Ti	ile:		
Address		Address:			
		_			

Name and Title	:	Name and Title:
Address		Address:
Name and Title	:: }	Name and Title:
Address		Address:
ARTICLE VI The name and	Florida street address (P.O. Box NOT accepta	ıble) of the registered agent is:
Name:	PALDEEP ATWAL	<del></del>
Address: 4110 SOUTHPOINT BLVD		E 118
	JACKSONVILLE, FL 322	<u>!16</u>
	INCORPORATOR address of the Incorporator is: PALDEEP ATWAL	
Address:	4110 SOUTHPOINT BLVD. SUIT	E 118
	JACKSONVILLE, FL 322	216
	if other than the date of filing: 07/16/201 date is listed, the date must be specific and	(OPTIONAL)  cannot be more than five days prior or 90 days after the filing.)
	te inserted in this block does not meet the applective date on the Department of State's record	icable statutory filing requirements, this date will not be listed as the s.
Having been no certificate, I am	amed as registered agent to accept service of familiar with and accept the appointment as r	process for the above stated corporation at the place designated in this registered agent and agree to act in this capacity
	PAZEL	07/16/2019
	Required Signature of Registered A	gent Date
I submit this do to the Departme	cument and affirm that the facts stated herein ent of State constitutes a third degree felony as	are true. I am aware that any false information submitted in a document provided for in s.817.155, F.S.
	Fide Land	07/16/2019
	Required Signature of Incorpo	rator Date