P05000020787

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| Jose Juca | | | | |
| 10848 HYSTIC Cr 30 | | | | |
| Orlando F(. 3283) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| Office Use Only | | | | |



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SECRETARY OF STATE
TALLAMASSTE, TOORIO

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TRANSMITTAL LETTER

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

SUBJECT: ATLANTIC 2 MGNT Services INC
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

| Enclosed are an erig | inal and one (1) copy of the ar | ticles of incorporation and | d a check for: |
|----------------------|--|--|--|
| \$70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |

FROM: JOSE JUCA

Name (Printed or typed)

10848 MYSTIC (+ 30)

Address

Orlando F(32836

City, State & Zip

407 927 3359, 407 9273356

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

05 FED -0 M 10 25

February 2, 2005

JOSE JUCA 10848 MYSTIC CIRCLE 301 ORLANDO, FL 32836

SUBJECT: ATLANTIC 2 MGNT SERVICES INC.

Ref. Number: W05000005593

We have received your document for ATLANTIC 2 MGNT SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

You must complete Articles IV, VI, AND VII and the Incorporator must sign.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist New Filings Section

Letter Number: 105A00007635

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA |
|--|---|
| ARTICLE I NAME The name of the corporation shall be: | 05 FEB -8 PM 2: 44 |
| Atlantic 2 HGNT Services IN | C |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | |
| 10848 HLYSTIC CN 301 Orlando Fl. 32836 | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | |
| Dry wall. | |
| ARTICLE IV SHARES The number of shares of stock is: | |
| 10 | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): | |
| Jose Juca, | |
| LOBAR MASTIC CV- 301 | |
| 0 r-lando FC 32836 | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the register. | istered agent is: |
| JOSE JULA | - |
| 10848 MYSTU CN 301 | |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | |
| 10848 MYSTY CK 301 | |
| 0r(and I) I(32836 ************************************ | ******** |
| Having been named as registered agent to accept service of process for the above stated concertificate, I am familiar with and accept the appointment as registered agent and agree to a | |
| 1 Something | 1/26/05 |
| Signature/Registered Agent Incorporator | Date |