

P05000026314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

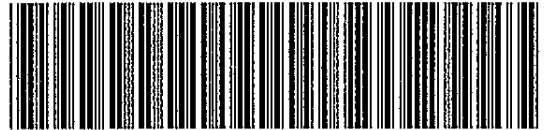
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

SUBJECT: ATUS SERVICES, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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: ORIOL ATUS

NAME (PRINTED OR TYPED)

6050 SW 27TH ST #106

(ADDRESS)

MIRAMAR, FLORIDA. 33023

(CITY, STATE & ZIP)

954-963-5137 / 786-277-2065

(DAYTIME TELEPHONE)

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

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05 FEB 14 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PRINCIPAL OFFICE

f this corporation shall be:

PURPOSE

organized is

SHARES

INITIAL DIRECTORS AND/ OR OFFICERS.

dress(es) and specific title(s):

0 SW 27TH ST.APT 106, MIRAMAR, FL 33023

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS.

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

ORIO LATUS, 6050 SW 27TH ST, APT # 106.MIRAMAR, FL. 33023

ARTICLE VII INCORPORATOR.

The name and address of the Incorporator is:

ORIO LATUS, 6050 SW 27TH ST APT# 106. MIRAMAR, FL. 33023.

[illegible]

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.

01-12-2005
Date

01-12-2005
Date