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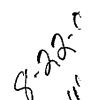




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FILED 22 P 2: 59 SECRETARY OF STATES



TRANSMITTAL LETTER

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

SUBJECT:	ATTS CORP.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i a check for:
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM:		DIE UENO e (Printed or typed)	
-	639 RAMO	NA LANE, SUITE 1 Address	
		ANDO, FL 32805 , State & Zip	
		1-662-8477 Telephone number	<u> </u>

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ATTS CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 639 RAMONA LANE, SUITE 1
ORLANDO, FL 32805

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRADING AND ANY LAWFUL BUSINESS IN FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

TEDDIE UENO, PRESIDENT 639 RAMONA LANE, SUITE 1 ORLANDO, FL 32805

ARTICLE VI REGISTERED AGENT

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

TEDDIE UENO 639 RAMONA LANE, SUITE 1 ORLANDO, FL 32805

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TEDDIE UENO 639 RAMONA LANE, SUITE 1 ORLANDO, FL 32805

Signature/incorporator

Date

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LAHASSELOF ST.