

P05000128992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/20/05  
BKK

## TRANSMITTAL LETTER

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

SUBJECT: ATLANTIC 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: KELLY L. KENNON  
Name (Printed or typed)

16141 92ND LANE NORTH  
Address

LOXAHATCHER FL 33470  
City, State & Zip

754-204-0294  
Daytime Telephone number

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

ATLANTIC SERVICES INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16141 92ND LANE NORTH  
LOXAHATCHEE  
FL 33470

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KELLY L. KENNON  
16141 92ND LANE NORTH LOXAHATCHEE FL 33470  
THOMAS R.A. SONOCHOE 1207 HOLLYWOOD BLVD HOLLYWOOD FL 33020

## ARTICLE VI REGISTERED AGENT

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

KELLY L. KENNON  
16141 92ND LANE NORTH  
LOXAHATCHEE  
FL 33470

## ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

KELLY L. KENNON  
16141 92ND LANE NORTH  
LOXAHATCHEE  
FL 33470

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

9/13/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/13/05  
\_\_\_\_\_  
Date