

P07000053744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

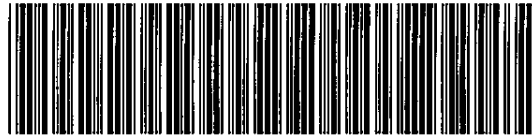
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200101171312

05/03/07--01040--026 **78.75

FILED

2007 MAY -3 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAY 4 2007

COVER LETTER

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

SUBJECT: Atid SCD Corp

(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: Atid SCD Corp

Name (Printed or typed)

20533 Biscayne Blvd. Suite #315

Address

Aventura, Fl 33180

City, State & Zip

754-204-1000

Daytime Telephone number

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

FILED
2007 MAY -3 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Atid SCD Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

20533 Biscayne Blvd.
Suite# 315
Aventura, Fl. 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Title: P
Claire Kastner
20533 Biscayne Blvd.
Suite #315
Aventura, Fl 33180

Title:VP
Sergio Dominguez
20533 Biscayne Blvd.
Suite #315
Aventura, Fl 33180

ARTICLE VI REGISTERED AGENT

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

Claire Kastner
20533 Biscayne Blvd.
Suite #315
Aventura, Fl. 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Claire Kastner
20533 Biscayne Blvd.
Suite #315
Aventura, Fl 33180

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



Signature/Incorporator



Date



Date