(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:				
MOVIA LIMITA ON GAVE AUTHORIZATION BY PHONE TO CORRECT SHOW I STOCK DATE SISON DOC EXAM				
DOC. E.AA.				

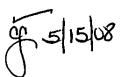
Office Use Only

W08-22518



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05/05/08--01053--004 **78.50



COVER LETTER

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 MAY 15 PM 4:50

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

SUBJECT:	ATP Con		
Enclosed are an orig	ginal and one (1) copy of the arti	TE NAME - MUST INCL	
S70.00 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 PPY REQUIRED
FROM:	13291 Su	Timiraos (Printed or typed) 71 Street. Address	•
	City,	C 33183.	
	(305) 625 - Daytime To	7779	

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



SECRETARY OF STATE DIVISION OF CORPORATIONS

08 MAY 15 PM 4:50

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2008

MARIA A. TIMIRAOS 13291 SW 71 STREET MIAMI, FL 33183

SUBJECT: A.T.P. CONTRACT CORP.

Ref. Number: W08000022518

We have received your document for A.T.P. CONTRACT CORP. and your check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return the corrected 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 008A00028644

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:

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 MAY 15 PH 4:50

A.T.P. CONTRACT CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

13291 SW 71 St. MISMI FL 33103

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL BUSINESS

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):

MARIA A. TIMIRADS — PRESIDENT. FRANCISCO V. RIVERA — VICE PRESIDENT.

ARTICLE VI REGISTERED AGENT

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

MARIA A. TIMIRAOS 13291 SW 718t. MIAMI FL 33183

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

MARIA A. TIMIRAOS 13291 SW 71St. MIOMI FL 33103

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

Date

Signature/Incorporator

Date