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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : MAXIMILIANO CONTADOR
Account Number : I20080000027
Phone : (786) 355-3333
Fax Number : (866) 590-7097

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DIVISION OF CORPORATION

FLORIDA PROFIT/NON PROFIT CORPORATION

TOTAL ATM INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: TOTAL ATM 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MAIMILIANO CONTADOR

Name (Printed or typed)

14746 SW 56 STREET SUITE # 236

Address

MIAMI FLA, 33185

City, State & Zip

786-355-3333

Daytime Telephone number

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

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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:

TOTAL ATM INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

14748 SW 56 STREET SUITE 236
MIAMI, FLA 33185

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR THE PORPOSE OF ATM MACHINES

ARTICLE IV SHARES

The number of shares of stock is:

1000 CHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRES MAXIMILIANO CONTADOR
14748 SW 56 STREET SUITE # 236 MIAMI FL, 33185

ARTICLE VI REGISTERED AGENT

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

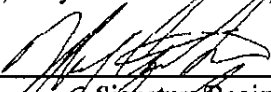
MAXIMILIANO CONTADOR
14748 SW 56 STREET
MIAMI FL, 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

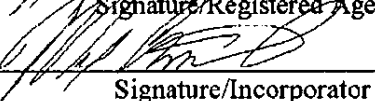
MAXIMILIANO CONTADOR
14748 SW 56 STREET
MIAMI FLS, 33185

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