

P11000028473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

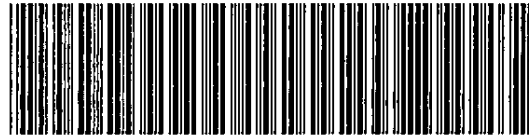
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/10/11--01016--003 **87.50

FILED

11 MAR 18 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JS 3/23/11



RECEIVED

11 MAR 18 AM 10:48

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2011

SITA JAGDEOSINGH
6191 WASHINGTON ST
HOLLYWOOD, FL 33023

SUBJECT: ATRIUM GENERAL INSURANCE AGENCY CORP.
Ref. Number: W11000008480

We have received your document for ATRIUM GENERAL INSURANCE AGENCY CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please state the name of the corporation to be filed in Article I.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 011A00003695

COVER LETTER

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

SUBJECT: Atrium General Insurance Agency 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Sita Jagdeosingh
Name (Printed or typed)

6191 Washington St
Address

Hollywood FL 33023
City, State & Zip

954-981-7447
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

Atrium General Insurance
6191 Washington St
Hollywood, FL 33023
Ph: 954-986-2333
Fx: 954-986-0535

Date: March 15, 2011

To: FLORIDA DEPARTMENT OF STATE

RE:W11000008480

Request for name of corporation to be filed in article 1 is
Atrium General Insurance Corporation .Please correct changes.

Thank you for your time,

Atrium General Insurance

A handwritten signature in cursive script, appearing to read "Lynn", is written below the printed name "Atrium General Insurance".

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: Atrium General Insurance Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
6191 Washington St
Hollywood FL 33023

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sita Jagdeosingh PSTD
Address: 6191 Washington St
Hollywood FL 33023

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

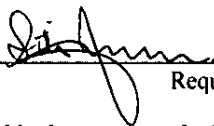
Name: Sita Jagdeosingh
Address: 6191 Washington St
Hollywood FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sita Jagdeosingh
Address: 6191 Washington St
Hollywood FL 33023

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

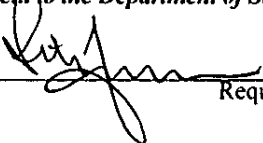


Required Signature/Registered Agent

2/8/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

2/8/11

Date

FILED
MAR 18 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA