

P11000031205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

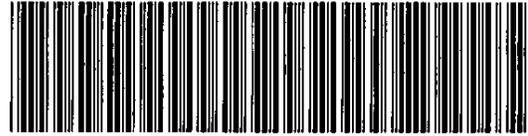
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 MAR 28 PM 1:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
3/30

COVER LETTER

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

SUBJECT: Atlas Property Solutions, 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: Dominic T. Ingram III
Name (Printed or typed)

P.O. Box 291511
Address

Davie, FL 33329
City, State & Zip

954-665-1750
Daytime Telephone number

atlaspropertysolutionsinc@gmail.com
E-mail address: (to be used for future annual report notification)

DG III 3/20/11

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

Carol L. Viola
NOTARY PUBLIC-STATE OF FLORIDA
Carol L. Viola
COMMISSION #DD837862
Expires: DEC. 20, 2012
BONDED THRU ATLANTIC BONDING CO, INC.

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 Atlas Property Solutions, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
6151 SW 41st Court, Apt B
Davie, FL 33314

Mailing address, if different is:
P.O. Box 291511
Davie, FL 33329

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV SHARES
The number of shares of stock is: The corporation is authorized to issue 1000 shares of (One) Dollar(s) (\$1.00) per value Common Stock, which shall be designated "Common Shares."

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dominic T. Ingram III, President Name and Title: _____
Address: P.O. Box 291511 Address: _____
Davie, FL 33329 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Dominic T. Ingram III
Address: 6151 SW 41st Court, Apt B
Davie, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dominic T. Ingram III
Address: P.O. Box 291511
Davie, FL 33329

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] Required Signature/Registered Agent 03/20/11 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.

[Signature] Required Signature/Incorporator 03/20/11 Date

3/20/11 [Signature]

NOTARY PUBLIC-STATE OF FLORIDA
Carol L. Viola
Commission # DD837862
Expires: DEC. 20, 2012
BONDED BY ATLANTIC BONDING CO., INC.