

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000003
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RECEIVED JUL 26 2011

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ATS TECHNOLOGIES INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2011 JUL 26 PM 12:38

SECRETARY OF STATE
DIVISION OF CORPORATIONS

7/27/11

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2011 JUL 26 PM 12:38

ARTICLE I NAME

The name of the corporation shall be: **ATS TECHNOLOGIES INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
**623 E TARPON AVENUE
2ND FLOOR
TARPON SPRINGS, FLORIDA 34689**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Distributor of semi-conductor boards and electronic components and parts

ARTICLE IV SHARES

The number of shares of stock is: 100 common shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	LUL ZIM ISMAIL, President and Director	Name and Title:	
Address:	2225 NURSERY ROAD 3-102 CLEARWATER, FLORIDA 33764	Address:	

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: **LUL ZIM ISMAIL**
Address: **2225 NURSERY ROAD 3-102
CLEARWATER, FLORIDA 33764**

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **LUL ZIM ISMAIL**
Address: **2225 NURSERY ROAD 3-102
CLEARWATER, FLORIDA 33764**

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

By:

Required Signature/Registered Agent

July 21, 2011
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 2817.155, F.S.

Required Signature/Incorporator

July 21, 2011
Date