

DEC 16 2011 11:29AM

CAPITAL CONNECTION

NO 8411

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P11000106793

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

****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
ATK SEMINAR SERVICES, INC.**

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

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TALLAHASSEE, FLORIDA

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MRS 12/19

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COVER LETTER

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

SUBJECT: ATK SEMINAR SERVICES, 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: LUCY OSPINA

Name (Printed or typed)

2333 BRICKELL AVE., #PH 108

Address

MIAMI, FL 33129

City, State & Zip

786-213-7141

Daytime Telephone number

ANGELAATORO@YAHOO.COM

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

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

DEC. 16. 2011 11:29AM

CAPITAL CONNECTION

NO. 8171 P. 3/3

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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:

ATK SEMINAR SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2333 BRICKELL AVE., #PH 108
MIAMI, FL 33129

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Logistics and management of seminars.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lucy Ospina, President

Address: 2333 BRICKELL AVE., #PH 108
MIAMI, FL 33129

Name and Title:

Address:

Name and Title: Lucy Ospina, Vice President

Address: 2333 BRICKELL AVE., #PH 108
MIAMI, FL 33129

Name and Title:

Address:

Name and Title: Lucy Ospina, Secretary

Address: 2333 BRICKELL AVE., #PH 108
MIAMI, FL 33129

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: Lucy Ospina

Address: 2333 BRICKELL AVE., #PH 108
MIAMI, FL 33129

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Lucy Ospina

Address: 2333 BRICKELL AVE., #PH 108
MIAMI, FL 33129

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

x Lucy Ospina
Required Signature/Registered Agent

12/14/11
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.

x Lucy Ospina
Required Signature/Incorporator

12/14/11
Date