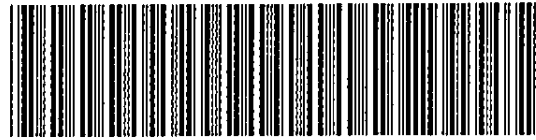


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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TALLAHASSEE, FLORIDA

08
5/3/12

COVER LETTER

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

SUBJECT: Atlanta Technical Specialist, 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: Charles Haley
Name (Printed or typed)

99 M L King Ave
Address

St Augustine, Florida 32084
City, State & Zip

904-508-5963
Daytime Telephone number

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

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TALLAHASSEE, FLORIDA

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

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

ARTICLE I NAME Atlanta Technical Specialist, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
99 M L King Ave
St Augustine, Fl 32084

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Technical Cosulting

ARTICLE IV SHARES

The number of shares of stock is 5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Haley, CEO
Address: 99 ML King Ave
St Augustine, Florida 32084

Name and Title: _____
Address: _____

Name and Title: Ashley Haley, VP
Address: 99 ML King Ave
St Augustine, Fl 32084

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:

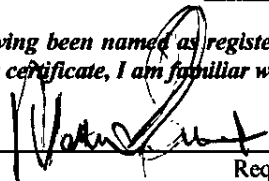
Name: Martin Smith
Address: 4520 W King st
St Augustine, Fl 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anthony T. Jones
Address: 1245 Central Ave
St Augustine FL 32084

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

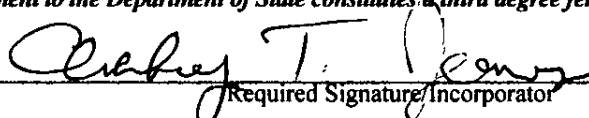


Required Signature/Registered Agent

4/26/2012

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

4/26/2012

Date

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