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(Re	questor's Name)	<u> </u>
(Ad	dress)	 _
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nam	
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Certified Copies	Certificates	of Status_
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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

SUBJECT:	ATLAS REARDE		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d 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 REQUI	
FROM: A	lan Llanos	(Printed or typed)	
15	5387 SW 15 Lane		
M	iami, FI 33194	Address	
	•	State & Zip	
(3	05)338-6435		
	Daytime To	elephone number	
<u>at</u>	las.mia@gmail.com		
	E-mail address: (to be used	t for future annual report	notification)

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)

ricle ii ppi	NCIPAL OFFICE			
ITCLE II III.	Principal street address	Mailing	Mailing address, if different is:	
387 SW 15	Lane			
ami, FI 331	94			
TICLE III PUR	POSE Manage	romant and conjugation	er profit making optor	
purpose for which t	POSE he corporation is organized is:	gement and services to	profit making enter	
 				
			## #	
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TICLE IV SHA	RES 100		HASSEY	
TICLE IV SHA number of shares of	RES stock is:		-5 PH	
		rors	-5 PH 2:	
TICLE V INIT	TAL OFFICERS AND/OR DIRECT		-5 PH 2:58	
TICLE V INT		Name and Title:	-5 PH 2:58	
TICLE V INIT	Alan Llanos / CEO 15387 SW 15 Lane		-5 PH 2:58	
TICLE V INT	TAL OFFICERS AND/OR DIRECT Alan Llanos / CEO	Name and Title:	-5 PH 2:58	
Name and Title Address	Alan Llanos / CEO 15387 SW 15 Lane Miami, Fl 33194	Name and Title:	-5 PH 2:58	
Name and Title Address	Alan Llanos / CEO 15387 SW 15 Lane Miami, Fl 33194	Name and Title:Address:	-5 PH 2:58 ARY UF STATE STEE FLORIDA	
Name and Title Address Name and Title	Alan Llanos / CEO 15387 SW 15 Lane Miami, Fl 33194 Cindy Cruz / VP	Name and Title: Address: Name and Title:	-5 PH 2: 58 ARY UF STATE SEE: FLORIDA	
Name and Title Address	Alan Llanos / CEO 15387 SW 15 Lane Miami, Fl 33194 Cindy Cruz / VP 15387 SW 15 Lane	Name and Title: Address: Name and Title: Address:	-5 PH 2:58 ARY UF STATE SEE: FLORIDA	
Name and Title Address Name and Title	Alan Llanos / CEO 15387 SW 15 Lane Miami, Fl 33194 Cindy Cruz / VP	Name and Title: Address: Name and Title: Address:	-5 PH 2: 58 ARY UF STATE SEE: FLORIDA	
Name and Title Address Name and Title	Alan Llanos / CEO 15387 SW 15 Lane Miami, Fl 33194 Cindy Cruz / VP 15387 SW 15 Lane	Name and Title: Address: Name and Title: Address:	-5 PH 2:58 ARY UF STATE SEE: FLORIDA	
Name and Title Address Name and Title: Address	Alan Llanos / CEO 15387 SW 15 Lane Miami, Fl 33194 Cindy Cruz / VP 15387 SW 15 Lane Miami, Fl 33194	Name and Title: Address: Name and Title: Address:	-5 PH 2:58 ARY UF STATE SEE: FLORIDA	
Name and Title Address Name and Title: Address	Alan Llanos / CEO 15387 SW 15 Lane Miami, Fl 33194 Cindy Cruz / VP 15387 SW 15 Lane	Name and Title: Address: Name and Title: Address: Name and Title:	-5 PH 2:58 ARY UF STATE SEE: FLORIDA	

Name and	d little:	Name and Title:	
Address		Address:	
			
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Alan Llanos	The registered agent is.	
Address:	15387 SW 15 Lane	_	
	Miami, FI 33194	_	ಪ
ARTICLE VII	INCORPORATOR		AHASS
The name and ad	Idress of the Incorporator is:		
Name:	Alan Llanos	_	
Address:	15387 SW 15 Lane	_	6 6
	Miami, FI 33194		
		_	
Having been nan this certificate, I	ned as registered agent to accept service of proces. am familiar with and accept the appointment as re	s for the above stated corporationsistered agent and agree to act i	on at the place designated in nothing this capacity
	1 May Theres		07/22/2013
	Required Signature Registered Agent		Date
I submit this doc document to the l	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false ay as provided for in s.817.155, i	e information submitted in a F.S.
	Dan View	ceb_	07/22/2013
	Required Signature/Incorporator		Date