

PK4000022490

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(Business Entity Name)

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14 MAR 10 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 3/12

## COVER LETTER

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

**SUBJECT:** Atlantic Consultant 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Antonio Cabrera

Name (Printed or typed)

1199 S. Federal Highway #126

Address

Boca Raton, FL 33432

City, State & Zip

(239) 322-4473

Daytime Telephone number

ajcmba@gmail.com

E-mail address: (to be used 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)

**ARTICLE I NAME**

The name of the corporation shall be: Atlantic Consultant Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1199 S. Federal Highway #126

Boca Raton, FL 33432

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Communications and Business Consulting

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Antonio Cabrera (President)

Name and Title: \_\_\_\_\_

Address 1199 S. Federal Highway #126

Address: \_\_\_\_\_

Boca Raton, FL 33432

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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14 MAR 10 PM 1:56  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT

(conti.)

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: Antonio Cabrera

Address: 1199 S. Federal Highway #126

Boca Raton, FL 33432

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

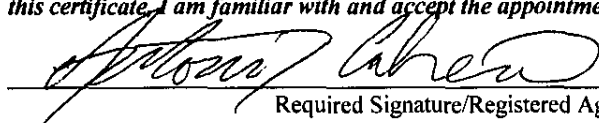
Name: Antonio Cabrera

Address: 1199 S. Federal Highway #126

Boca Raton, FL 33432

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14 MAR 10 PM 1:56  
REGISTRATION STATE  
ATTORNEY GENERAL  
FLORIDA

*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*

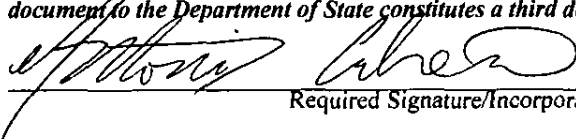


Required Signature/Registered Agent

3/6/2014

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

3/6/2014

Date