

PA000090407

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
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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
ATMA INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

PROFIT/LOSS STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV - 5 PM 1:27

14 NOV - 5 PM 12:20

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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: ATMA INC

ARTICLE II PRINCIPAL OFFICE
Principal street address:
1900 NW 114 AVE
PEMBROKE PINES
FL 33026

Mailing address, if different is:
1900 NW 114 AVE
PEMBROKE PINES
FL 33026

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: EXPORT AND IMPORT NATURAL STONE
WHOLESALE

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES @ 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT FABIO BARBOSA FIGUEIRA
Address: 1900 NW 11 AVE
PEMBROKE PINES
FLORIDA 33026

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

14 NOV - 5 11:27 PM '32
FABIO BARBOSA FIGUEIRA

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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: FABIO BARBOSA FIGUEIRA
 Address: 1900 NW 114 AVE
PEMBROKE PINES FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FABIO BARBOSA FIGUEIRA
 Address: 1900 NW 114 AVE
PEMBROKE PINES FL 33026

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 TALLAHASSEE

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.

[Signature]
 Required Signature/Registered Agent

11/04/2014

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.

[Signature]
 Required Signature/Incorporator

11/04/2014

Date

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