

P/5000025522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

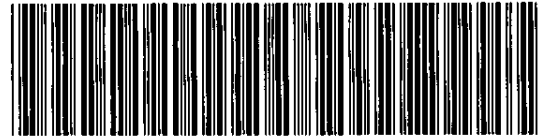
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

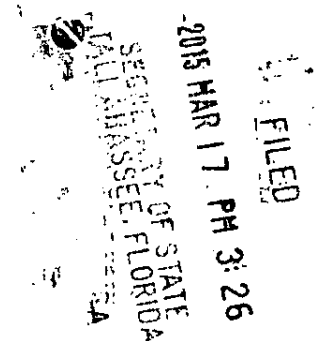
Special Instructions to Filing Officer:

Office Use Only



700269833727

03/17/15--01024--023 **78.75



AJR
3/17/15

COVER LETTER

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

SUBJECT: _____
(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: _____

GAILAN S. JAMES

Name (Printed or typed)

4421 CLYDE DRIVE

Address

JACKSONVILLE FL 32208

City, State & Zip

904 803-8940

Daytime Telephone number

gatorgail184@gmail.com

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

RECEIVED

15 MAR 17 PM 12:41

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: ATOC GROUP, INC

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

4720 SPALSBURY ROAD #126
JACKSONVILLE, FL 32256

2015 MAR 17 PM 3:26
Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK V. ANSLEY PRES

Name and Title: _____

Address 7034 LUKE STREET
JACKSONVILLE, FL 32210

Address: _____

Name and Title: GAILON S. JAMES, VP, S

Name and Title: _____

Address 4621 CLYDE DRIVE
JACKSONVILLE, FL 32208

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: GAILON S. JAMES

Address: 4431 CLYDE DR

JACKSONVILLE, FL 32208

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MARK V. ANSLY

Address: 7034 LUKE STREET

JACKSONVILLE, FL 32210

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

Gailon S. James

Required Signature/Registered Agent

12-31-2014

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.

Mark V. Anslly

Required Signature/Incorporator

12-31-2014

Date

add FEIN 47-3425907