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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

****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
ATLANTIC CAPITAL & EQUIPMENT FINANCE CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date

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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: ATLANTIC CAPITAL & EQUIPMENT FINANCE CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1615 South Congress Avenue, Suite 103
Delray Beach, FL 33445
Mailing address, if different is: 1615 South Congress Avenue, Suite 103
Delray Beach, FL 33445

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____

EQUIPMENT FINANCING

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Jeffrey Shaner, Director</u>	Name and Title:	<u>Jeffrey Shaner, President</u>
Address:	<u>1615 South Congress Avenue, Suite 103</u>	Address:	<u>1615 South Congress Avenue, Suite 103</u>
	<u>Delray Beach, FL 33445</u>		<u>Delray Beach, FL 33445</u>

Name and Title:	<u>Jeffrey Shaner, Treasurer</u>	Name and Title:	<u>Jeffrey Shaner, Secretary</u>
Address:	<u>1615 South Congress Avenue, Suite 103</u>	Address:	<u>1615 South Congress Avenue, Suite 103</u>
	<u>Delray Beach, FL 33445</u>		<u>Delray Beach, FL 33445</u>

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: Jeffrey Shaner

Address: 1615 South Congress Avenue, Suite 103
Delray Beach, FL 33445

15 DEC 10 AM 9:12
 STATE OF FLORIDA
 DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffrey Shaner

Address: 1615 South Congress Avenue, Suite 103
Delray Beach, FL 33445

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12/10/15
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

12/10/15
Date