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16 MAR 21 PM 1:02  
MAR 21 2016  
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3/28/16

## COVER LETTER

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

**SUBJECT:** ATLAS Lift Trailers, 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:** Larry Anderson  
\_\_\_\_\_  
Name (Printed or typed)

5050 Sandy Cove Ave.  
\_\_\_\_\_  
Address

Sarasota, FL 34242  
\_\_\_\_\_  
City, State & Zip

855-800-3080  
\_\_\_\_\_  
Daytime Telephone number

larrya@atlaslti.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314

**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)

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**ARTICLE I NAME**

The name of the corporation shall be: ATLAS Lift Trailers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5330 Pinkney Ave

5050 Sandy Cove Ave.

Sarasota, FL 34233

Sarasota, FL 34242

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: manufacturing industrial trailers and accessories

**ARTICLE IV SHARES**

The number of shares of stock is: 5,000,000

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

Name and Title: Larry Anderson

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

Address 5050 Sandy Cove Ave.

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

Sarasota, FL 34242

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

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

Address \_\_\_\_\_

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: Robert Rogers  
Address: 4240 Gypsy Street  
Sarasota, FL 34233

**ARTICLE VII INCORPORATOR**

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

Name: Larry Anderson  
Address: 5050 Sandy Cove Ave.  
Sarasota, FL 34242

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DEPT. OF STATE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11/10/2011 BY 60322

**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*

Robert Rogers 03/17/2016  
Required Signature/Registered Agent 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.*

Sam Anderson 03/17/2016  
Required Signature/Incorporator Date