

P 16000063516

(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



500288620895

08/03/16--01013--003 **70.00

FILED
16 AUG -3 PM 12:45
RECEIVED
16 AUG -3 AM 10:57

8/3/16

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

8-2-16

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING Inc. _____

1. Atrada Inc.
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #) _____
3. _____
(CORPORATE NAME AND DOCUMENT #) _____
4. _____
(CORPORATE NAME AND DOCUMENT #) _____
5. _____
(CORPORATE NAME AND DOCUMENT #) _____
6. _____
(CORPORATE NAME AND DOCUMENT #) _____

FILED
16 AUG -3 PM 12:45

**SPECIAL
INSTRUCTIONS:**

EFFECTIVE DATE: 08/01/16

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: ATRADA INC.

16 AUG 9 PM 12:45

ARTICLE II PRINCIPAL OFFICE

Principal street address
11810 Highland Place

Coral Springs, FL 33071

Mailing address, if different is:
P.O. Box 770633

Coral Springs, FL 33077

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

Import and Export of all products.

Consultant.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Emogene Ezell, President

Address: 11810 Highland Place

Coral Springs, FL 33071

Name and Title: Emogene Ezell, President

*Mailing Address: P.O. Box 770633

Address:

Coral Springs, FL 33077

Name and Title: Lloyd A. Ferguson, Vice President

Address: 11593 West Atlantic Blvd., Suite 4

Coral Springs, FL 33071

Name and Title: Lloyd A. Ferguson, Treasurer

Address: 11593 West Atlantic Blvd., Suite 4

Coral Springs, FL 33071

Name and Title: _____

Address: _____

Name and Title: _____

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: Lloyd A. Ferguson
Address: 11593 West Atlantic Blvd., Suite 4
Coral Springs, FL 33071

FILED
16 AUG -3 PM 12:45
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Emogene Ezell
Address: 11810 Highland Place, Coral Springs, FL 33071

* Mailing Address: P.O. Box 770633, Coral Springs, FL 33077

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: August 1, 2016 (OPTIONAL)
~~July 26, 2016~~

(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

July 26, 2016
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 (954) 796-8733

July 26, 2016
Date