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Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ATLAS SURVEYING JAX INC.**

Certificate of Status	1
Certified Copy	1
Page Count	04
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N. SAMS

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BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**COVER LETTER**

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

**SUBJECT:** Atlas Surveying JAX 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** L. Musgrave for Jonathan P. Taber, McNair Law Firm, P.A.

Name (Printed or typed)

23B Shelter Cove Lane, Suite 400

Address

Hilton Head Island, SC 29928

City, State & Zip

843-785-2171

Daytime Telephone number

lmusgrave@mcnair.net

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

**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: Atlas Surveying JAX Inc.

**ARTICLE II PRINCIPAL OFFICE**Principal street address  
49 Browns Cove Road, Suite 5

Ridgeland, SC 29936

Mailing address, if different is:

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: William H. Gray, Jr., President

Address: Atlas Surveying, Inc.  
49 Browns Cove Road, Suite 5  
Ridgeland, SC 29936

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: Capitol Corporate Services, Inc.  
Address: 515 E. Park Ave., 2nd Floor  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Jonathan P. Taber, c/o McNair Law Firm, P.A  
Address: 23B Shelter Cove Lane, Suite 400  
Hilton Head Island, SC 29928

**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 days prior or 90 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*

Kim Tadlock Kim Tadlock, Asst Sect on behalf of 08/18/17  
Capitol Corporate Services, Inc. Date  
Required Signature/Registered Agent

*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] 8/18/17  
Required Signature/Incorporator Date