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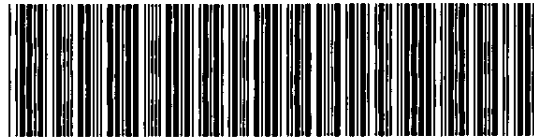
(Business Entity Name)

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DATE: 2/8/18

NAME: ATLANTIC ELITE LEASING & RENTAL INC.

TYPE OF FILING: ARTICLES

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RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

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

SUBJECT: ATLANTIC ELITE LEASING & RENTAL 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: LINDA BRANDLI
Name (Printed or typed)
1171 DELRAY LAKES DR
Address
DELRAY BEACH, FL 33444
City, State & Zip
626-381-9418
Daytime Telephone number
contact@atlanticelitegroup.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32314

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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 ATLANTIC ELITE LEASING & RENTAL INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

2054 VISTA PARKWAY SUITE 400

WEST PALM BEACH, FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: High end luxury cars leasing & rental services

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LINDA M BRENDLI / CFO

Address: 1171 DELRAY LAKES DR
DELRAY BEACH, FL 33444

Name and Title: EROL DONALD DIMMITT / CEO

Address: 2204 GARNET AVE #305
SAN DIEGO, CA 92109

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

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: LINDA M BRENDLI
Address: 1171 DELRAY LAKES DR
DELRAY BEACH, FL 33444

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LINDA M BRENDLI
Address: 1171 DELRAY LAKES DR
DELRAY BEACH, FL 33444

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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

Linda Brendli
Required Signature/Registered Agent

2-2-2018
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.

Linda Brendli
Required Signature/Incorporator

2-2-2018
Date