

P23000024895

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

From:  
Account Name : EXPRESS BUSINESS & TAX SERVICES INC  
Account Number : 120220000138  
Phone : (786)239-9353  
Fax Number : (305)675-8465

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA PROFIT/NON PROFIT CORPORATION  
ATLANTIC ARCADE CORP

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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: BREANNE M. ENGLAND  
 Address: 712 US HWY 27TH S  
LAKE PLACID, FL 33960

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: BREANNE M. ENGLAND  
 Address: 712 US HWY 27TH S  
LAKE PLACID, FL 33960

**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.*

Breanne M England  
 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.*

Breanne M England  
 Required Signature/Incorporator

Date

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 23 APR 03 PM 12:35  
 04/01/2023  
 TALLAHASSEE, FLORIDA  
 STATE DEPARTMENT OF REVENUE