

23000050140

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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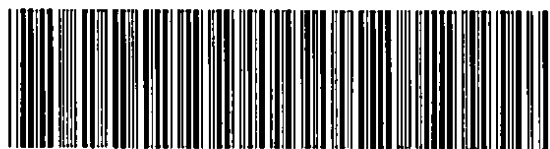
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 07/06/2023

Acc#120160000072

W: C D W

Name:	AITC HoldCo, Inc.
Document #:	
Order #:	15020978

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Updater _____
Verifier _____
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Ref# _____

Amount: \$ **78.75**

Thank you!

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: ATTC HoldCo, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1351 Sundial Place, Winter Springs, FL 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to act as a holding company

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabriel Ruiz, President

Name and Title: Gabriel Ruiz, CEO

Address 1351 Sundial Place
Winter Springs, FL 32708

Address: 1351 Sundial Place
Winter Springs, FL 32708

Name and Title: Gabriel Ruiz, Treasurer

Name and Title: Gabriel Ruiz, Secretary

Address 1351 Sundial Place
Winter Springs, FL 32708

Address: 1351 Sundial Place
Winter Springs, FL 32708

Name and Title: Gabriel Ruiz, Director

Name and Title: _____

Address 1351 Sundial Place
Winter Springs, FL 32708

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Gabriel Ruiz
Address: 1351 Sundial Place
Winter Springs, FL 32708

ARTICLE VII INCORPORATOR

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

Name: Robert Isaacson
Address: c/o Nixon Peabody LLP
Exchange Place, 53 State Street
Boston, MA 02109

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

Gabriel Ruiz 7/6/2023

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.

R. Isaacson 7/6/2023

Required Signature/Incorporator Date

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