

P24000013247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

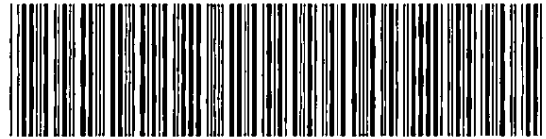
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 FEB 20 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FL

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2024 FEB 20 AM 9:36
TALLAHASSEE, FL

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 2/20/2024

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1231469

ORDER ENTITY

ATLAS GLOBAL PARTNERS CO INC

PLEASE PERFORM THE FOLLOWING SERVICES:

ATLAS GLOBAL PARTNERS CO INC (FL)

New corp filing

NOTES:

\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

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TALLAHASSEE, FL

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

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

SUBJECT: Atlas Global Partners Co 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: Katherine Kiechel

Name (Printed or typed)

2171 Gulf Shore Blvd., Suite 601

Address

Naples, FL 34102

City, State & Zip

Daytime Telephone number

TheOg.kk20@gmail.com

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

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FL

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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 Global Partners Co Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2171 Gulf Shore Blvd

Suite 601

Naples, FL 34102

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: accessories and clothing wholesale trade

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brooks Stevens, President

Name and Title: _____

Address 2171 Gulf Shore Blvd
Suite 601
Naples, FL 34102

Address: _____

Name and Title: Katherine Kiechel, Secretary

Name and Title: _____

Address 2171 Gulf Shore Blvd
Suite 601
Naples, FL 34102

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: Incorporating Services, Ltd.

Address: 1540 Glenway Drive

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Katherine Kiechel

Address: 2171 Gulf Shore Blvd., Suite 601

Naples, FL 34102

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

Melissa A. Moran
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.

Katherine Kiechel
Required Signature/Incorporator

Date

FILED
2024 FEB 20 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FL
February 20, 2024