TRANSMITTAL LETTER

Department of state Division of Corporations P. D. Box 6327 Ralal assee, FL 32314	3000	of c	184	78	
SUBJECT: Atlantic Gast Cutters Inc. (Proposed corporate name - must include suffix)					
		s	00002543 -05/017981 *****78.75	10321 01137004 *****78.75	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
□ \$70.00 Filing Fee		□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM: _	(Name (Printed or typed)				
20981 Windomere Lane					
Boca Paton FZ 33428 City/State & Zip					
561-994-2267 To as 5					

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



SECRETARIAN AND OS The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

Atlantic Coast Cutters, Inc.

ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corp	poration shall be:
20981 Windemere Lane Martin	ig address: P.O. Box 971291 Boca Raton, FL
Boca Raton, FL 33428	Born Paton Fr
·	33497-1291
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorize	d to have outstanding at any one time is:
200	
200	
ARTICLE IV INITIAL REGISTERED AGENT A	ND STREET ADDRESS
The name and Florida street address of the initial registered age	
Sherul Ryan	
2098 Windemere Lane Boca Raton FL 33428	
Boca Raton FL 33428	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of	Incorporation are:
Sheryl Ryan 20981 Windemere Lane Boca Raton, FL 33428	
20981 Windemer Lane	
Boca Raton, FL 33428	
Sheuf Ryan	May 28, 1998
Signature/Incorporator	Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent