

P98000081508

TRANSMITTAL LETTER

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

800002640488-1
-09/16/98--01017--006
*****78.75 *****78.75

SUBJECT: ATLANTIC FINANCIAL CORPORATION
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP 16 AM 10:47

FROM: DION M. DORIZAS
Name (Printed or typed)

1401 VILLAGE BLVD, # 1517
Address

WEST PALM BEACH, FL 33409
City, State & Zip

(561) 682-1718
Daytime Telephone number

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

9-21
WS

ARTICLES OF INCORPORATION

FILED
SECRETARY OF CORPORATIONS
98 SEP 16 AM 10:47

ARTICLE 1 NAME

The name of the corporation shall be:
ATLANTIC FINANCIAL CORPORATION

ARTICLE 2 PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:
1401 VILLAGE BLVD., # 1517, WEST PALM BEACH, FL 33409

ARTICLE 3 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ONE THOUSAND (1,000)

ARTICLE 4 INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida Street address of the initial registered agent are:
DION M. DORIZAS
1401 VILLAGE BLVD., WEST PALM BEACH, FL 33409

ARTICLE 5 INCORPORATOR

The name and address of the incorporator to these articles of incorporation are:
DION M. DORIZAS
1401 VILLAGE BLVD., # 1517, WEST PALM BEACH, FL 33409

ARTICLE 6 EFFECTIVE DATE

The effective date of the corporation shall be:
SEPTEMBER 18, 1998



Signature/Incorporator

9/14/98

Date

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 a 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

9/14/98

Date