

P99000060152  
TRANSMITTAL LETTER

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

SUBJECT: ATLANTIC STATE CORP  
(Proposed corporate name - must include suffix)

800002923028--3  
-07/06/99--01010--001  
\*\*\*\*\*80.00 \*\*\*\*\*78.75

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 of Status

☒ \$78.75 Filing Fee & Certified Copy

☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: RAMON DURAN  
Name (Printed or typed)

PMB 294  
Address  
4410 W 16 AVE #5  
HALEAH FL 33012  
City, State & Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JUL -6 AM 8:40

APPROVED  
AND  
FILED

Daytime Telephone number

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

agc  
11

# ARTICLES OF INCORPORATION

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 NAME

The name of the corporation shall be:

ATLANTIC STATE CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PMB 294  
4410 W 16 AVE #5  
HIALEAH FL 33012

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

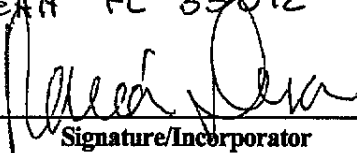
The name and Florida street address of the initial registered agent are: RAMON DURAN

PMB 294  
4410 W 16 AVE #5  
HIALEAH FL 33012

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

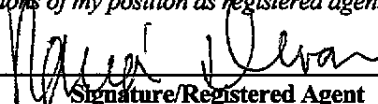
RAMON DURAN  
PMB 294  
4410 W 16 AVE #5  
HIALEAH FL 33012

  
Signature/Incorporator

07/06/99  
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

07/06/99  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JUL -6 AM 8:40

APPROVED  
AND  
FILED