

TRANSMITTAL LETTER

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

P99000069004

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUL 29 AM 8:01

FILED

SUBJECT: Atlantic Technical Solutions, Inc.
(Proposed corporate name - must include suffix)

EFFECTIVE DATE

7-26-99

400002944914--3

-07/29/99-01046--001

*****78.75 *****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: Lori Nelson
Name (Printed or typed)

611 Glade Dr
Address

Apopka, FL 32712
City, State & Zip

407-814-9481
Daytime Telephone number

F. CHESST

AUG 4 1999

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

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 Technical Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

611 Sloat Dr
Apopka, FL 32712

EFFECTIVE DATE
7-26-99

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:

George Nelson

ARTICLE V INCORPORATOR

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

Lori Nelson
611 Sloat Dr
Apopka, FL 32712


Signature/Incorporator

7/24/99
Date

Article VI Effective Date

July 26, 1999

(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

7/24/99
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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