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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

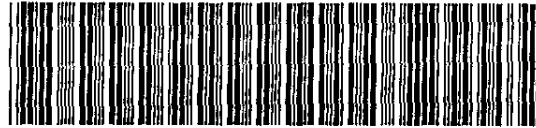
\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

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*gr 5/8/06*

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMERICAN FINANCIAL ATLANTIC GROUP, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ED ESTRIPLLET JR.  
(Name of Person)  
AMERICAN FINANCIAL ATLANTIC GROUP, INC.  
(Firm/Company)  
43 SOUTH POMPAHO PARKWAY #315  
(Address)  
POMPAHO BEACH, FL 33069  
(City/State and Zip code)

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For further information concerning this matter, please call:

ED ESTRIPLLET JR at (305) 815-4555  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. AMERICAN FINANCIAL ATLANTIC GROUP, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PA (State or country under the law of which it is incorporated) 3. 01-0731425 (FEI number, if applicable)

4. 06/2002 (Date of incorporation) 5. Perpetual (No date to cease) (Duration: Year corp. will cease to exist or "perpetual")

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502 F.S. to determine penalty liability)

7. 43 SOUTH Pompano Parkway # 315 (Principal office address)

43 SOUTH Pompano Parkway # 315 Pompano Beach FL 33069 (Current mailing address)

8. FINANCIAL SERVICE / INSURANCE / MONITORING (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ed Estriplet Jr

Office Address: 43 South Pompano Parkway # 315 Pompano Beach, Florida 33069 (City) (Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ED ESTRIPIET JR

Address: 43 SOUTH POMPANO PARKWAY #315  
POMPANO BEACH, FL 33069

Vice Chairman: SAME AS ABOVE (SAA)

Address: \_\_\_\_\_

Director: (SAA)

Address: \_\_\_\_\_

Director: (SAA)

Address: \_\_\_\_\_

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B. OFFICERS

President: (SAA)

Address: \_\_\_\_\_

Vice President: (SAA)

Address: \_\_\_\_\_

Secretary: (SAA)

Address: \_\_\_\_\_

Treasurer: (SAA)

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]  
(Signature of Director or Officer listed in number 12 of the application)

14. ED ESTRIPIET JR, Pres/owner  
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

FEBRUARY 16, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**AMERICAN FINANCIAL ATLANTIC GROUP, INC.**

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

*Pedro A. Cortis*

Secretary of the Commonwealth

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