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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JAN 24 PM 2:27

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C.S. 1-27

## TRANSMITTAL LETTER

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

**SUBJECT:** AMERICAN ATLANTIC FINANCIAL MANAGEMENT CORP.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: JOHN MENOUTIS  
Name (Printed or typed)

10859 NASHVILLE DRIVE  
Address

COOPER CITY, FL 33026  
City, State & Zip

954-727-0320  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

AMERICAN ATLANTIC FINANCIAL MANAGEMENT CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

4801 S. UNIVERSITY DRIVE  
SUITE 131  
FT. LAUDERDALE, FL 33328

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY PURPOSE AS PERMITTED BY THE LAWS OF THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

JOHN MENOUTIS, PRESIDENT, SECRETARY AND SOLE DRECTOR  
10859 NASHVILLE DRIVE  
COOPER CITY, FL 33026

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

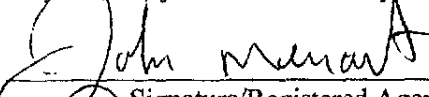
JOHN MENOUTIS  
10859 NASHVILLE DRIVE  
COOPER CITY, FL 33026

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JOHN MENOUTIS  
10859 NASHVILLE DRIVE  
COOPER CITY, FL 33026

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

1-19-05  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1-19-05  
Date

FILED  
05 JAN 24 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA