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(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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/mailling 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:

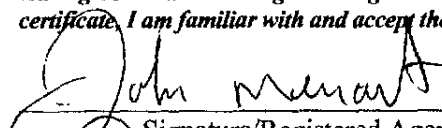
JOHN MENOUTIS
10859 NASHVILLE DRIVE
COOPER CITY, FL 33026

ARTICLE VII INCORPORATOR

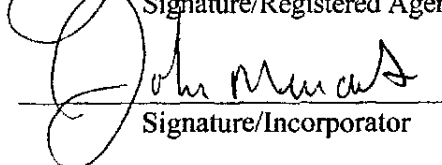
The name and address of the Incorporator is:

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



Signature/Incorporator

1-19-05
Date

1-19-05
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA