

PC8000083835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

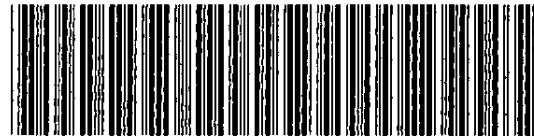
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/11/08--01016--013    \*\*78.75

2000 SEP 11 P 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

9-11-08  
D

## COVER LETTER

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

**SUBJECT: American Optimal Advisors, Inc.**  
(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     \$78.75  
Filing Fee    Filing Fee  
                  & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

FROM: Lance D. MacKenzie

Name (Printed or typed)

8555 SW 12th Lane

Address

Gainesville, Florida 32607

City, State & Zip

352-331-1100

Daytime Telephone number

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

# ARTICLES OF INCORPORATION OF AMERICAN OPTIMAL ADVISORS, INC.

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, Hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I.** The name of the Corporation shall be:

**American Optimal Advisors, Inc.**

**ARTICLE II.** The principal place of business and mailing address of the Corporation shall be:

**4014 SW 98<sup>th</sup> Terrace  
Gainesville, Florida 32608**

**ARTICLE III.** The number of shares of stock that this Corporation is authorized to have outstanding an any one time is:

**1,000 shares of No Par Value Common Stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the Corporation.**

**ARTICLE IV.** The name and address of the Corporation's initial registered agent is:

**Stanislav Uryasev  
4014 SW 98<sup>th</sup> Terrace  
Gainesville, Florida 32608**

**ARTICLE V.** The name and street address of the incorporator of this Corporation:

**Stanislav Uryasev  
4014 SW 98<sup>th</sup> Terrace  
Gainesville, Florida 32608**

**ARTICLE VI.** No Director shall be held liable to the Corporation or its shareholders for monetary damages due to breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Incorporation are true, and that the incorporator is at least eighteen years of age.

08.24.08

Date

Signature of Incorporator

Stan URYASEV

Printed Name of Incorporator

1600 SEP 11 P 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED OFFICE AND REGISTERED AGENT**

Pursuant to Section 607.0501 of the Florida Business Corporation Act, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

1. The name of the Corporation is:

**American Optimal Advisors, Inc.**

2. The name and address of the Corporation's registered agent and registered office is:

**Stanislav Uryasev  
4014 SW 98<sup>th</sup> Terrace  
Gainesville, Florida 32608**

*Having been named as the 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 of Registered Agent

\_\_\_\_\_  
08.24.08  
Date of Signature

2008 SEP 11 P 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**