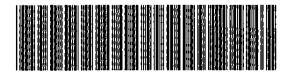
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FLORIDA DEPARTMENT OF STATE CORPORATIONS Division of Corporations

August 4, 2010

NICHOLAUS THOMAS 1409 SE 1ST AVE FT LAUDERDALE, FL 33316

SUBJECT: NT MANAGEMENT INC. Ref. Number: W10000036546

We have received your document for NT MANAGEMENT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist !! New Filing Section

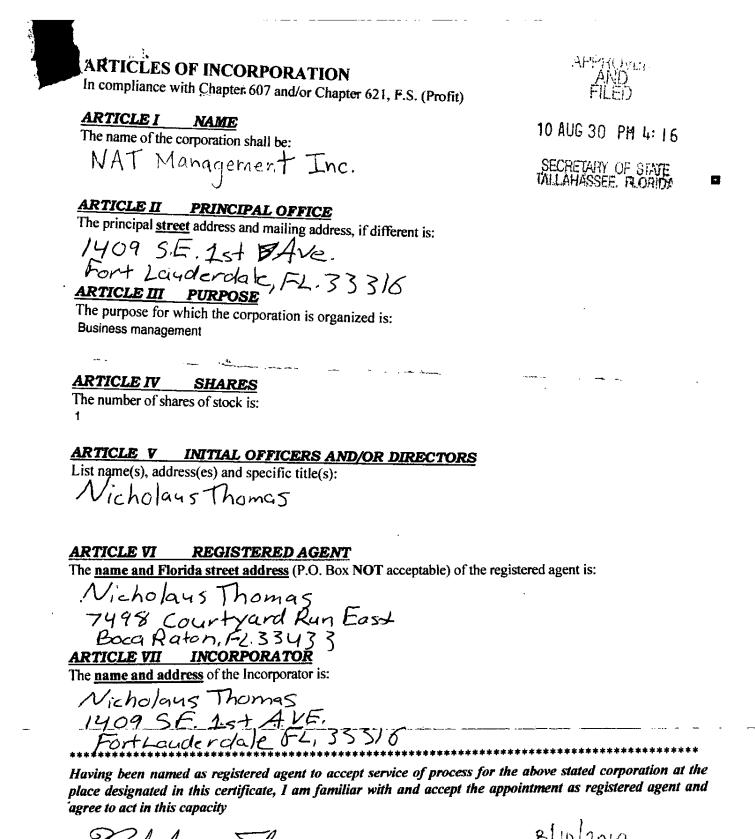
Letter Number: 110A00018751

COVER LETTER

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

SUBJECT: NT Mar	agement Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles 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: Nicholaus Thomas Name (Printed or typed)				
	409 S.F. 1st	ddress.	:	
Fort Lauderdale, FL. 33316 City, State & Zip				
954-761-3770 Daytime Telephone number				
E-mail address: (to be used for future annual report notification)				

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



Signature/Registered Agent

Signature/Incorporator