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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	_	
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2/15/1 Corrected Stock y request 500 sh	t, Ms.	Koessler.
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2017

DELMA KOESSLER FIG MANAGEMENT 777 BRICKELL AVE #500 MIAMI, FL 33131

SUBJECT: AMERICAN FINANCIAL TRANSACTIONS INC

Ref. Number: W17000011669

We have received your document for AMERICAN FINANCIAL TRANSACTIONS INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 317A00002630

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COVER LETTER

Division of Corporations
SUBJECT: QUERICAN TIMENCIAL TRANSACTIONS (C) Name of Resulting Florida Profit Corporation
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.
Please return all correspondence concerning this matter to:
DEMA KDESSLER Contact Person FIG MANAGEMENT
FIG MANAGEMENT
777 Brickell AVE #500
Mi Ami FL 33131 City, State and Zip Code
DE MAKOESSLER Q 9-MAIL. CON E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: DELMA KDESSLER at (BOS) 547-7.739 Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees and Certificate of Status \$\square\$

STREET ADDRESS:

New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

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Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
AMERICAN FINANCIAL FLANSACTIONS LLC Enter Name of C'her Business Entity
Enter Name of Cher Business Entity
2. The "Other Business Entity" is a
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> $AmFRi(AI) = f_1 - nAmCiA(AI) + a_1 - nAmCiA(AI) = f_2 - nAmCiA(AI) + a_1 - nAmCiA(AI) = f_2 - nAmCiA(AI) = f_3 - nAm$
AMERICAU FINANCIAL +PANSACTIONS INC Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: $\frac{OZ}{O/(\frac{2O/7}{2O/7})}$. (The effective date: 1) connot be prior to nor more than 90 days after the date this document is filed by the Floris
(The effective date. I) cannot be prior to not more than so days after the date this document is fried by the Fioric
Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporatio if an effective date is listed therein.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.
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Page 1 of 2
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Signed this FEb. day of Ol	, 20_17	
Required Signature for Florida Profit Corporation	i.	
Signature of Chairman, Vice Chairman, Director, Offi Incorporator: <u>AREN NE WOESC</u> Title:	icer, or, if Directors or Officers have not	been selected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signatu	rc(s).]
Signature: / Quesellacella		
Printed Name: KARENNE KOESSLO	N Title: WGN	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative		举 1
All others: Signature of an authorized person.		FEB 15 PM
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	FM 3: 33

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: $AmER$ CA	n Financial TRANSACTIONS INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
7463 SW 188 FER	7463 SW 188tER
7463 SW 188 FER Cutter Bay FL 33157	7463 SW 188 FER Cotter Bay FL 33157
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Any Lawfull busiNES	5
ARTICLE IV SHARES The number of shares of stock is: 500 5h.	
ARTICLE V INITIAL OFFICERS AND/OR DIRE	
Name and Title: MGR KADENNE	Name and Title:
Address: 7463 SW 188 FE KOESSLER Qufler Bay FL 33157	Address:
Name and Title: MGR Shanon KOESSLER	and the second s
	Name and Title: S TO
Address: 7463 SW 188 FER Cutter Bay FL 33157	Address.
Name and Title:	Name and Title:
Address:	Address:

ARTICLE	VI REGISTERED AGENT
The name a	and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	KARENNE KOESSLER
Address:	7463 SW 188 FER
	Cutter Bay FL 33157
ARTICLE	VII INCORPORATOR
	and address of the Incorporator is:
Name:	HARENNE KOESSLER 1463 SW 188 FER
Address:	7463 SW 188 FER
	_ Cutter Bay Fl 33157
	en named as registered agent to accept service of process for the above stated corporation at the place designated in ate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
	Karerellaagen 02/01/17
	Required Signature/Registered Agent Date
I submit thi document to	is document and affirm that the facts stated herein are true. I am aware that any false information submitted in a o the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
	Varenellassen Dzfo/17
	Required Signature/Incorporator Date

FILED

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