

P990000068760

TRANSMITTAL LETTER

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

900002944279--6  
-07/28/99-01074-009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Atlantic Funding, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

FILED  
99 JUL 28 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FROM: Dennis E. Lucas  
Name (Printed or typed)

3001 N.E. 52nd St.  
Address

Lighthouse Point, Florida 33064  
City, State & Zip

954-426-4883  
Daytime Telephone number

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

G GALLMON-CASE AUG 03 1999

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

**Atlantic Funding, Inc.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**3001 N.E. 52nd St.  
Lighthouse Point, Florida 33064**

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**One Million Shares (1,000,000)**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

**Dennis E. Lucas  
3001 N.E. 52nd St.  
Lighthouse Point, Florida 33064**

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

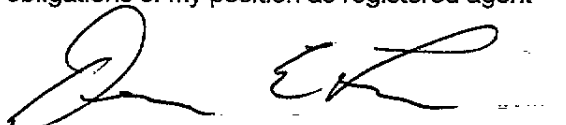
**Dennis E. Lucas  
3001 N.E. 52nd St.  
Lighthouse Point, Florida 33064**

  
Signature/Incorporator

7-17-99  
Date

(An additional article must be added if an effective date is requested.)

Having been named as 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/Registered Agent

7-17-99  
Date

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99 JUL 28 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA