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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 01 APR-9 PM 4: 07

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SUBJECT:

STEFFEY ENTERPRISES, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for: □\$78.75 \$87.50 \$70.00 \$78.75 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certificate of Status & Certified Copy of Shiphard of Status ADDITIONAL COPY REQUIRED STEFFEY ENTERPRISES INC. FROM: Name (Printed or typed) 2536 NASSAU LANE Address FT. LAUDERDALE, FL City, State & Zip 954-584-9671

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

Daytime Telephone number

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:

STEFFEY ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

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

2536 NASSAU LANE FT. LAUDERDALE, FL 33312

ARTICLE III SHARES

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

500

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CHRISTINE M. STEFFEY 2536 NASSAU LANE

LAUDERDALE, FL 33312 **ORPORATOR**

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

CHRISTINE M. STEFFEY 2536 NASSAU LANE

FT. LAUDERDALE, FL 33312

Signature/Incorporator

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

Having heen 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

Date