PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1	ORPORA INSTATE		≽ JiV	Secretar	TMENT OF y of State corporation 0 45 3	NS			SE(DIVISI	FIL CRETAR ON OF (_ED Y 0F 20820	STATE RATIONS
DOCUMENT # P01000037791 1. Corporation Name							05 DEC -1 PM 3:59					
STEV	EN KEP	ECZ, P.A.										
2. Principal Office Address 3. Ma				Malling Office Address								2 2~
591	BAY IS	LES PARKWAY	3341	BAYOU	SOUND		REINSTATEVIEND 3-05					
Suite, Ap			Suite, Apt. #, etc.			(Distriction of the second						
							4. Date Incorporated or Qualified To Do Business in Florida					
City & St	ate		City & State				5. FEI Number Applied For					
	NGBOAT KEY, FL							3485			.1.1.	
. Zip ⊃ 4 ⊃ ⊃ i	0			• -	Country		6. \$8.75 Additional Fee re				al Fee required	
3422	^	<u> </u>		me and Ar	Idress of Cur	ment Register				- (60/32)	A TENNEN	are the second of the
	Name STEVEN KEPECZ Street Address (P.O. Box Number is Not Acceptable) 3341 BAYOU SOUND Suite, Apt. #, Etc.											
City LONGBOAT KEY								State Zip Code FL 34228				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent											CRZEO81 (D1)	
9. Name	as and Street	Addresses of Each Officer	and/or Directo	or (Florida n	onprofit corpo	rations must l	list at least 3 di	irectors)				
Titles	Name of Officers and/or Directors							City / State / Zip				
P	STEVE	N KEPECZ		3341	BAYOU	SOUND		LONG	BOAT	KEY,	FL	34228
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that w 617.04	State City & State Country Country											
SIGNAT		A			,		9	276	25			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												