POTRANSMATA DITTER 1/8932

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

SUBJECT: STAFFORN + Company Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
60004193716				
\$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	
FROM: Gary Stafford Name (Printed or typed) 5055 NW96 Dr Address				
	(954) 340-4	FL 33 State & Zip 1539 Iephone number	076 TALLAHE	OI MAY 10 PH OI MAY 10 PH

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

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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: STAFFORD & COMPANY Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5055 NW 96 DV Coral Springs FL 33076 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Consulting ARTICLE IV SHARES The number of shares of stock is: 20,000 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): GARRY STAFFORD 5055 NW96 D Coral Springs FL 33076 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: GARY STAFFORD 5055 NW 96, Dr Coral Springs FL 33076 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: GARY STAFFORM 5055 NW96 Or Coral Springs FL 33076

Signature/Registered Agent

Signature/Incorporator

Signature/Incorporator

Signature/Incorporator

Signature as registered agent and agree to act in this capacity

5/8/0/

Date

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this