Division of Conjugations

# Florida Department of State

Division of Corporations

Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850:205-0381

France

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (3051599-0839 Phone

: (305:716-0346 Fax Number

### FLORIDA PROFIT CORPORATION OR P.A.

STIEGELMEN AND HOWANITZ, INC.

Certificate of Status	0
Certified Copy	1
Page Count	102 5
Estimated Charge	\$78.75

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#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 20, 2001

FAS-T CORP

SUBJECT: STIEGELMAN AND HOWANTIZ, INC.

REF: W01000014181

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

LIST THE RA'S NAME ON THE DESIGNATION PAGE.

If you have any further questions concerning your document, please call (850) 487-6052.

Becky McKnight Document Specialist New Filing Section FAX Aud. #: H01000074496 Letter Number: 601A00037527

## ARTICLES OF INCORPORATION OF Stiegelman and Howanitz, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall bo:

Stiegelman and Howantiz, Inc.

The principal place of business of this corporation shall be: 1070 SW GreenRidge Lane Palm City, Florida 34990

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

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

500 (Five Hundred)

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold officer the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

President: Vice President: Secretary: Treasurer

Jacques Stiegelman Donald J Howanitz Denise Stiegelman Adrienne L Howanitz

T IL ED 1 JUN 21 PM 2: 01 Cretary of State ,这是一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们也没有一个人,我们也会会会会会会会会会会会会会会会会会会会会会会会会会会会会 第一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个

#### ARTICLE VI INCORPORATOR (S)

The name(s) and street address(es) of the incorporators(s) to this articles of incorporation is(are):

Jacques Stiegelman 10700 SW Greenridge Lane Palm City, Florida 34990

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 20th day of June 2001.

Signature(s) of Incorporator(s)

#### CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

The name of the corporation is:

·	Stiegelman	and	Howanit	2 Inc	
	The name and add	iress of t	he register	red agent and	
<del></del>	10700 5	W 6	reen Rida	elane	
10700 SW Green Ridge Lane  (PO BOX NOT ACCEPTABLE)					
	Palm	City,	Florida	34990.	
	(CI)	fy/state/2 Signature	( )	CL	
		SIGNATURE	· · · · · · · · · · · · · · · · · · ·		
		DATE	1801		
above sta certifica further a relative	ept the duties a	, at the p gree to ac with the p nd complet	place design the in this corovisions of the performant ations of so	nated in this capacity, and I of all statutes nce of my duties	

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SECRETARY OF STATE